



**Social Sector Rehabilitation & Support Program –Albania (SSRP/A)
Cooperative Agreement No. 182-A-00-00-00104-00**

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Final Report

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**by
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I. Executive Summary

A. Albania Social Sector Rehabilitation and Support Program Overview

The Mercy Corps-managed umbrella program, entitled ‘Social Sector Rehabilitation and Support (SSRP/A), has had a significant effect on health and education facilities in Albania. SSRP/A began in summer of 2000, as a response to the influx of refugees during the 1999 Kosovo conflict. USAID provided funds for the rehabilitation of infrastructure, in particular the health and education sectors, as an act of appreciation towards Albanian generosity, and in recognition that the half-million refugees had strained the provision of social services. Between 2000 and 2001, Mercy Corps awarded a total of nine subgrants to eight PVOs, Implementing Partners (IPs), and 19 sub-grants to local Albanian NGOs, Local Partners (LPs).

Fourteen prefectures benefited from PVO-administered health programs, while eight were included in the education programs. Local NGOs operated SSRP/A projects in nine prefectures. In total, this program directly impacted twenty prefectures.

Mercy Corps was closely involved in all aspects of the implementation of SSRP/A. Mercy Corps provided partners with technical documentation and lessons learned, establishing connections between partners working in the same geographic areas. Mercy Corps’ monitoring resulted in numerous recommendations and suggestions that substantially strengthened the technical and programmatic elements of SSRP/A. PVOs and Local Partners were open and appreciative of Mercy Corps’ input, building a strong relationship between the umbrella grant administrator, sub-grantees and program beneficiaries.

In March of 2002, Mercy Corps received \$240,000 from the Albanian Ministry of Foreign Affairs as reimbursement of Value Added Tax (VAT) accrued during the implementation of SSRP/A. To be able to use the VAT towards SSRP/A implementation, Mercy Corps requested and received a five-month no-cost extension for the SSRP/A from the USAID Regional Contracting Office, Budapest, extending the program from March 7, 2002 to August 7, 2002. During this five-month program extension, Mercy Corps directly worked with beneficiary sites with cooperation from IPs and LPs.

B. Program Accomplishments

In administering the umbrella grant, Mercy Corps provided comprehensive monitoring, financial review and partner support to four international PVOs implementing health projects and five PVOs implementing education projects. Mercy Corps and partner agency American ORT also provided support to nineteen local agencies delivering social services.

Intermediate Result 1:	Efficient Management of SSRP/A Resources on Behalf of USAID
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Summary of key activities:

- ✓ Completed timely and intensive programmatic and financial field monitoring of \$6,210,166 worth of international/local sub grants;
- ✓ Increased project impact through technical assistance and information dissemination;
- ✓ Supplied over \$2,900,000 worth of cost match funds;

- √ Upgraded SSRP/A implementing partners' knowledge of applicable U.S. Government and USAID regulations and guidelines for increased efficiency and compliance of federal funds;
- √ Provided accurate, responsive and efficient cooperative agreement information to USAID.

Intermediate Result 2:

Improved Quality of Health Services

Summary of key activities:

- √ Rehabilitated and upgraded 38 primary health care facilities;
- √ Supplied over \$1,300,000 worth of PHC furniture, pharmaceuticals and medical equipment to 38 target facilities;
- √ Provided \$20,287 towards funding the architectural design and partial rehabilitation of a lecture hall at the University Hospital of Tirana
- √ Upgraded PHC knowledge and skills among health care providers through training programs in rural and urban areas covering at least seven districts in Albania;
- √ Promoted public health and health education activities in five target districts – including providing communities with access to health information and surveillance data.
- √ Increased the human resource and physical capacity of six regional public health laboratories (PHLs) responsible for food, water and environmental safety and microbiological diagnosis of infectious diseases.
- √ Enhanced nation-wide infectious disease reporting to Institute of Public Health (Tirana);
- √ Increased confidence and demand of services by local population in utilization of primary health care facilities and public laboratories.

Intermediate Result 3:

Improved Quality of Education Services

Summary of key activities:

- √ Rehabilitated and upgraded 24 kindergarten, secondary and high school educational facilities;
- √ Supplied over \$1,728,000 worth of school furniture, supplies and donated materials;
- √ Upgraded knowledge and skills of teachers and district education authorities through training programs and seminars.
- √ Mobilized and empowered communities through creation/strengthening of Parent Student Councils and community groups;
- √ Developed community-based maintenance plans for longer-term sustainability prospects of schools;
- √ Stimulated local economies through the usage of local craftsmen.

Intermediate Result 4:

Strengthened Local NGOs Responsiveness to Priority Needs

Summary of key activities:

- √ Supported nineteen Albanian NGOs deliver social service programming through \$479,112 worth of sub grants;

- √ Capacity building provided in project design and proposal development skills to Albanian NGOs - enhancing quality of projects and viability of institution;
- √ Increased quality of programming through provision of technical engineering support and collaborative field monitoring;
- √ Assisted with leveraging of non-USG support to NGO sector;
- √ Participated in drafting and facilitation of successful Albanian NGO law to parliament.

C. Success Stories

1. A Community Mobilizes to Build a Health Center

In the village of Shelcan, in Elbasan, World Vision was engaged in rehabilitating the 8-Year School as part of SSRP/A. They also facilitated the creation of a community group, which supported this rehabilitation effort and worked together to identify additional needs. At one meeting, residents unanimously voted to prioritize the building of a health center. At that time, community members had to travel to the city of Elbasan to get medical care. A nurse sometimes stopped by on her way to other communities, but with no health facility available, she treated people out in the open, on the side of the road.

With the support of World Vision and Mercy Corps, the community began to orchestrate donations of materials and labor to build a health center. The community gave land; the health department donated equipment; various local craftspeople built the center and installed water and electricity. The center was completed and staffed by a nurse most days, with a doctor visiting once a week. This example of cooperation between local authorities and community members to practically address priority needs was possible through the mechanisms of participation and ownership fostered by World Vision within SSRP/A.

2. Conducting Anti-Smoking Campaigns

International Rescue Committee facilitated the formation of health committees in five communities in which it was implementing its health programs. Such mobilization activities were unprecedented in many of the communities, especially the more rural ones. Health committees worked with IRC to determine the focus and activities of health promotion campaigns. One of the most popular themes was anti-smoking. At Polyclinic #8 in Tirana, an anti-smoking event was arranged in collaboration with the Health Promotion Board of Albania; Tobacco Free Albania, a local advocacy NGO; World Health Organization; Tirana Art School; and staff and community members of the Polyclinic. In Durres, three *ambulantas* declared themselves tobacco-free, and anti-smoking campaigns were conducted at schools. One community also suggested establishing a new tradition, the “Wedding without Smoking.” While it is customary to throw cigarettes at the ceremony, this group recommended throwing gum instead. IRC was able to share community generated ideas among the different regions in which their programs were active, so that those interested in the anti-smoking theme would be able to gain from the activism of other Albanians.

3. Increasing Parental Involvement in School Rehabilitation

Catholic Relief Services involved Parent Councils from the beginning of its school rehabilitation work. Traditionally, the design of a rehabilitated school was left entirely in the hands of engineers, with minimal consultation of school directors, and none of community members. It was considered that people lacking technical qualifications would not be able to contribute. CRS started each project with a design workshop, at which parents and teachers were able to draw pictures of the how they would like the school to look after rehabilitation. The engineers then used these ideas when drawing up the plans. A task force, which included parents, monitored the eventual work of the contractors. The children of the school were also given pictures of the school façade, and asked to color them and draw a mural. The best

pictures from each class were displayed, and parents and teachers voted to select one to be given to the contractor. A professional painter then copied the drawing onto the building.

At the CRS-facilitated task force meetings, it became clear that parents sometimes had different priorities than those of the school directors or the local officials. At Hasan Vogli 8-Year School in Tirana, for example, the headmaster and local authorities suggested that money be spent replacing the school tiles. The tiles are many years old, and look the worse for wear. However, they could easily last for many more years without replacement. Parents suggested that a sports field be constructed instead, which they felt would have a greater impact on their children's education. The task force chose to build the sports field.

4. Capacity Building of Local NGOs

The Local NGO Grants Program was managed by Mercy Corps partner agency ORT. One of the challenges ORT faced was ensuring that its 19 Local Partners were able to responsibly perform financial management of their grants. At the start of the program, LPs were at varying levels of capacity: one had an advanced financial system, five had good ones, three had basic ones, and the remainder had no systems in place at all. Mercy Corps/ORT held three Financial Management and Fundraising Trainings, which were attended by 27 LP representatives. Participants rated the training as extremely helpful in, for example, introducing them to the concept of chart of accounts. ORT saw great improvement in the timeliness and accuracy of financial reports. At the beginning of the program, financial reports were an average of 14 days late; by the end of the program the average delay was seven days. In creating strong financial mechanisms and promoting responsible reporting, ORT has increased the sustainability of these Albanian NGOs. Eleven LPs were able to secure additional funding to continue SSRP/A activities, and will continue using their financial systems to satisfy the requirements of their donors.

5. Medical Waste Disposal Systems in Place

The four PVOs implementing health projects were all instrumental in establishing medical waste disposal systems at their beneficiary facilities. Closed pits to collect and dispose of medical waste were installed at health clinics, and IPs discussed the benefits of such disposal systems as well as the methods of their maintenance with local health practitioners. Merlin, which worked with Public Health Laboratories, did not target medical waste disposal systems in its proposal, but adjusted its program in consultation with Mercy Corps, once this need became evident. Merlin installed incinerators at each beneficiary Public Health Laboratory and provided training on their use. The establishment and functioning of such systems are a crucial component to maintaining community health, and their promotion across Albania through SSRP/A increased local and state awareness of their importance.

D. Problems Encountered/Lessons Learned

SSRP/A was designed as a nine-month program. Initially, all partners were to complete operations by June of 2000. This timeframe was quite short for achieving the goals of the program. In particular:

- Most IPs and LPs faced delays in implementing rehabilitation. Some had difficulties in their initial tendering process; some found negotiations with local authorities or Ministry officials time consuming. Others faced substantial delays when the onset of winter weather made sites inaccessible.
- The short timeframe did not allow for substantial measurement of impact of technical training given to health workers or teachers. Post-tests were conducted, and indicated gain in knowledge. However, IPs did not have the time to examine change in usage rates at health centers, or observe whether teachers made use of new methodologies.
- While there were numerous successes in community mobilization, all IPs noted that a longer implementation time would have helped the establishment of sustainable

community participation mechanisms. The concept of community ownership was a new one in many SSRP/A sites. In addition, several communities had experienced local or international NGOs promising to pursue projects but never implementing them. IPs and LPs often had to overcome an initial passivity or cynicism before beneficiaries fully participated in the projects. Once the reality of IP/LP commitment became clear, many communities became enthusiastically engaged and voluntarily made financial or in-kind contributions.

- The ORT-managed Local NGO Grants program made significant strides in capacity building of Albanian NGOs. More could have been achieved in a longer timeframe, however, as capacity building is a lengthy process.

Mercy Corps monitoring and technical assistance provided significant support to IPs and LPs in resolving these challenges. Through the establishment of working groups, the provision of technical documentation, the facilitation of government contacts, and the sharing of lessons learned across IPs, Mercy Corps was able to ensure that programmatic goals were met. Initial completion dates were adjusted. One cost extension and nine no-cost extensions were granted to international PVOs. Four no-cost extensions were granted to Local NGOs.

FOCUS GROUP DISCUSSIONS

With the goal of generating relevant qualitative data, Mercy Corps undertook a series of Focus Group Discussions (FGDs) concentrating on the impact of the SSRP/A health program on PHC use. Results showed that the rehabilitation of health centers had considerably improved access to health facilities however, there still remained some other health-related concerns. *Please see Attachment I for a detailed report on Focus Group Discussions.*

E. Management Accomplishments

Sub-grants management

The prime Cooperative Agreement period was extended with four no-cost extensions and the eventual life of the SSRP/A was from June 5, 2000 to August 7, 2002.

The following international sub-grants were granted no-cost extensions [final completion dates in brackets] as follows: ADRA sub-grant # AL-09 [09-Oct-01], CRS sub-grant # AL-06 [10-Oct-01], ICMC sub-grant # AL-03 [10-Oct-01], IMC sub-grant # AL-02 [31-Jul-01], IRC sub-grant # AL-04, # AL-05 [31-Aug-01], Merlin sub-grant # AL-08 [09-Sept-01], Solidarites sub-grant # A1-07 [31-Jul-01], and World Vision sub-grant # WV-01 [15-Sept-01]. ORT was provided a cost extension until September 5th, 2001.

One nationality waiver and clarification on source and origin restrictions was provided by USAID and subsequent waivers issued by Mercy Corps to applicable implementing agencies.

Monitoring, coordination, technical assistance and information sharing:

Over the life of the program, Mercy Corps completed 58 cross-sector (rehabilitation and social service) monitoring visits in the field. Additional unscheduled visits are not included in this figure. In the third quarter of 2001, Mercy Corps conducted final inspections of all rehabilitated facilities. Technical assistance during this period included continued engineering, technical and training support outside of scheduled visits to all agencies and dissemination of technical materials and reference guides. For example in March of 2001, Mercy Corps focused on providing information to assist health sector agencies develop programs for health-care waste management. The guidelines outlined key steps to ensure that

basic elements of health-waste management were introduced at project sites through incremental implementing partner interventions.

Coordination with other USAID-supported initiatives in Albania included participation in completing a comprehensive draft NGO law and representation in several events in connection to a draft reproductive rights law. In February of 2001, Mercy Corps hosted an information-sharing meeting with a representative from the Center for Disease Control (CDC) in Albania to lay the groundwork for a national reproductive health survey. Mercy Corps continued to attend ad hoc NGO Coordination meetings with the Ministry of Health, WHO, and UNICEF during this period.

Staff Development:

During the reporting period, Mercy Corps provided several training/exchange opportunities for staff development in umbrella grant management and health development. The Team Leader traveled to Baku, Azerbaijan in February of 2001 to consult with Mercy Corps' USAID-supported Azerbaijan Humanitarian Assistance Program (AHAP). The visit focused on obtaining valuable lessons learned in umbrella grant management and strengthening SSRP/A's technical support to PVOs. Mercy Corps also transferred skills from our successful AHAP program with the visit of AHAP's Health Officer to Albania in January of 2001. The consultation resulted in discussion of models concerning primary health care reform, expanding the value of monitoring visits and other grant management techniques. In May of 2001, SSRP/A's Health Manager and Public Health Officer attended a 5-day workshop in Istanbul, Turkey. The Health Forum, supported by private foundation funds to Mercy Corps, was facilitated with technical assistance from Johns Hopkins University and primarily focused on strengthening agency resources in the health field. Quality control, child and maternal health care and reproductive health were also covered. In January of 2002, the Team Leader attended the USAID Workshop on Reconstruction Activities in the Balkans in Budapest, together with the USAID Albania director and a representative of the International Organization for Migration. At this workshop, Mercy Corps discussed its own accomplishments and lessons learned in implementing a rehabilitation program in Albania.

II. Program Performance

A. Health

USAID Strategic Objective 4.1	Albania Refugee Community Relief Program
SSRP/A Strategic Objective:	Improved Social Services
Intermediate Result 2:	Improved Quality of Health Services

Program Overview

Four PVOs provided physical rehabilitation and technical training at health facilities, while increasing community awareness and involvement in public health care. Targeted facilities were located in 14 Albanian prefectures, and ranged from village *ambulantas*, to urban polyclinics, to Public Health Laboratories and the Institute of Public Health.

38 Primary Health Facilities & 6 Public Health Laboratories Targeted

In rural areas, these interventions were sometimes the first investment in local healthcare in decades. Given the dilapidated condition of some health clinics, residents had bypassed village practitioners to visit urban centers. Following rehabilitation, medical staff training and community awareness activities, however, local centers were better able to provide basic health care services. This will continue to have a favorable effect on usage rates.

In urban areas, rehabilitation, equipment provision and training efforts targeted clinics that, in some cases, were almost overwhelmed by the number of clients. Through fixing or restoring basic services such as water supply, and replacing medical equipment that was sometimes decades old, the health program achieved a high impact. The training of doctors and nurses and the increasing of community ownership will continue to promote the sustainability of the rehabilitation performed.

One PVO targeted Public Health Laboratories and the Institute of Public Health. The physical rehabilitation, training and equipment provided have significantly increased the capacity of the Albanian public health system to diagnose and respond to health risks.

Accomplishments

Mercy Corps offered technical support, co-ordination and comprehensive monitoring of 4 international PVOs implementing health sub-awards.

AL-09 Adventist Development Relief Agency (ADRA)

Geographic Location: Fier, Berat, Mallakastres
Project Duration: October 2000 – October 2001
MC/USAID: \$ 618,873
Cost match: \$ 222,348
Total program value: \$ 841,221

Geographic Location: Fier, Berat, Mallakastres

Outcomes:

- Rehabilitation of ten health facilities
- Improved PHC worker skills

- Built strong community links with the health services to promote community participation, to improve access to services, and develop basic health education materials for priority problems identified
- Increased case management skills for health managers, medical officers and Community Health Committees

Comments

Although ADRA experienced delays in the implementation of its rehabilitation work, it was able to fully rehabilitate ten health centers by the end of its no-cost extension. The work was technically sound and provided clean, safe and weatherproof facilities. ADRA was successful in involving the local authorities and health staff in the progress of the work. ADRA targeted some quite remote communities, such as Karkanjos in Berat, which had seen little government investment in the past few decades. The geographic spread of this project contributed to its impact.

ADRA furnished ten health facilities with basic PHC equipment. A medical equipment needs assessment and a training needs assessment were conducted simultaneously at the beginning of the project. Skills of health workers were improved through clinical and management training. Training of Trainers was held in April of 2001, followed by additional program training. Johns Hopkins School of Public Health was closely involved in the needs assessment and the development of curriculum. A total of 52 doctors received training on Health Management, and 133 nurses were trained on PHC topics.

Needs assessments were conducted in ten communities in the districts of Fier, Berat and Mallakstra, involving Participatory Rural Appraisal techniques. Following the assessments, Community Health Committees (CHCs) were established. The CHCs helped identify and provide community contributions to the project, such as voluntary financial contributions and voluntary in-kind contributions.

Health promotion activities, person-to-person health promotion contacts and distribution of health education leaflets took place in the ten communities included in the project. Topics covered a variety of Primary Health Care (PHC) issues, such as maternal and child health, breastfeeding and vaccination.

AL-02 *International Medical Corps (IMC)*

Project Duration: October 2000 – July 2001
 MC/USAID: \$ 700,002
 Cost match: \$ 788,002
Total program value: \$ 1,488,004

Geographic Location: Tepelene, Kavaje, Delvine

Outcomes:

- Improved primary health care facilities in the targeted areas
- Improved quality of services in the targeted areas
- Promoted community awareness towards good health practices and encouraged proactive approach in maintaining such practices

Comments

IMC rehabilitated 13 health centers, three more than initially planned due to budget savings during the process. The rehabilitations were largely done with local craftsmen, with oversight from IMC engineers. The use of local craftspeople has improved their skills, helped the local

economy and created greater community involvement, while IMC monitoring ensured good quality work. IMC targeted remote and rural health centers for its program, which otherwise receive little assistance. Their projects have had a dramatic effect on the community.

IMC provided equipment and furniture to beneficiary facilities. Some efforts were made to ensure that more sophisticated equipment was provided to larger health centers, which have a greater number of clients, more skilled medical staff, and a wider range of services such as maternity wards and laboratories. In some cases, however, quite complicated pieces of equipment, such as EKG machines, were given to rural sites, where their use would be minimal. Mercy Corps encouraged IMC to ensure equipment was distributed so that it achieved maximum impact. The usefulness of IMC's donations was immediately demonstrated when, in the village of Golem, Kavaja, a new glucometer was used to diagnose an 8-year-old girl with diabetes. This early diagnosis will allow her to live a healthy lifestyle.

At the district level, 41 doctors received training in health management, protocols and promotion of community involvement in five workshops. At the rural level, a total of eight doctors and 132 nurses attended 106 training sessions covering PHC topics such as immunization, family planning, growth monitoring, geriatrics and emergency medicine. The training evaluation showed an increase of knowledge by 22 percent for Tepelena district and 62 percent increase for Delvina. Since no pre-test was done for Kavaja, it was not possible to exactly measure the results of the training.

IMC provided medical equipment worth \$ 65,566 to 35 PHC facilities in Kavaja, Tepelena and Delvina. The health facilities received a basic kit for PHC, EMS and/or Ob/Gyn. Also, a supply of essential drugs at a value of \$ 517,234 was donated to the health centers in the three districts.

IMC conducted 66 information sessions on smoking, alcohol and drugs in six high schools in the three districts, reaching 290 students. Health promotion activities consisted of football, volleyball, traditional sports and aerobics in the schools, where the teams wore t-shirts with health promotion messages. At the end of the health promotion sessions, quizzes assessed the level of understanding gained.

In addition to the activities in the high schools, IMC conducted 17 informal meetings and over 30 home visits in the three districts for people with cardiac problems and diabetes. There were 300 contacts made with target groups.

While financial community contributions were minimal, due to the poor economic situation of most beneficiaries, communities donated labor instead. IMC and community leaders also coordinated significant indirect contributions, such as space donated by the Ministry of Health.

AL-05 *The International Rescue Committee (IRC)*

Project Duration:	October 2000 – August 2001
MC/USAID:	\$ 695,821
Cost match:	\$ 232,570
<u>Total program value:</u>	<u>\$ 929,391</u>

Geographic Location: Tirana, Durrës, Peqin, Shkoder, Peshkopi

Outcomes:

- Rehabilitated 12 health facilities and organized provision of facilities with furniture and medical equipment

- Improved community participation and sense of ownership of the local communities served by the selected health facilities
- Improved quality of health services in the selected locations

Comments

IRC rehabilitated twelve health centers, several of them in remote and neglected regions of Albania—Peshkopi, Shkodra, Peqin—that have had little investment for decades. IRC's health center program was decentralized, with contractors overseen by various field offices. This resulted in some variations in quality—although, in general, technical work was good. All centers are accessible to the handicapped. Twelve craftsmen and 12 apprentices were identified and selected by the communities to help maintain the newly rehabilitated facilities for a period of six months after the rehabilitation works were finished.

Mercy Corps and IRC worked intensively in the rehabilitation of the Pentar, Shkodra, health centre. The existing health centre was severely dilapidated, and after performing the initial field visit Mercy Corps suggested that IRC look into building a new centre entirely. IRC's investigation showed that the cost of a new centre would be similar to that of repairing the existing structure. To build the centre, however, required much negotiation with the Ministry of Health and local authorities. Mercy Corps obtained the technical specifications from the Ministry of Health for IRC, and worked with IRC in getting permission from the local government to build on the ground of the Pentar School (also being rehabilitated by IRC). While this process was painstaking and somewhat lengthy, it has resulted in a well-built health centre appropriate to the needs of the community, in a much more central location than the previous health centre, and increased collaboration with local and state actors.

A community mobilization workshop was organized with the participation of 36 representatives of local authorities, community members and health staff. This workshop helped identify 24 priority health promotion themes, such as environmental sanitation, hygiene, and smoking. These health campaigns took place in all IRC-targeted health facilities, reaching approximately 154,000 inhabitants. Project information was published in local newspapers periodically. The community contributed finances, time and volunteer work in this project.

Twelve doctors were trained in Health Management concepts (planning, human resources management, training, supervision, financial management, logistics management, information management and community organization), Reproductive Health and Primary Health Care topics. Twenty-five nurses/midwives from the selected health facilities were trained in reproductive health, communication skills and primary health care.

After this training, one-week in-service training was conducted for all the health staff of the rehabilitated facilities. The in-service training took place in the district hospitals where the health facilities were located.

The Quality of Service Assessment done at the end of the project indicated a 97 percent improvement in urban health facilities (Tirana and Dures) and 76 percent improvement in rural health facilities (Peqin, Shkodra and Peshkopia). The total percentage in improvement of Quality of Service for this project was 87 percent.

AL-08

Medical Emergency Relief International

Project Duration:	October 2000 – September 2001
MC/USAID:	\$ 655,999
Cost match:	\$ 373,069
Total program value:	<u>\$ 1,029,086</u>

Geographic Location: Institute of Public Health (IPH)/Tirana, Regional Public Health Laboratories (PHL)/Vlore, Fier, Gjirokaster, Korce, Durres, Elbasan.

Outcomes:

- Six Public Health Laboratories rehabilitated and refurbished; essential laboratory equipment provided
- Improved capacity of regional PHLs to undertake microbiological diagnosis and chemical testing
- Enhanced PHL staff performance and job satisfaction; improved quality and flow of information to IPH surveillance system
- Improved service provision to health care and public health services; improved community perception of and confidence in PHLs

Comments

Merlin did an assessment of all eleven Public Health Laboratories (PHLs) in Albania, and selected the six neediest for rehabilitation. The Institute of Public Health strongly supported this focus on PHLs. Merlin had no engineer on staff and hired one highly regarded Albanian contractor, CMA, to oversee rehabilitation at six far-flung sites. While the technical work at the six Public Health Laboratories has been good, Mercy Corps monitoring revealed difficulties due to lack of direct oversight by the Implementing Partner. A comparison of prices paid for inputs by all IPs showed that Merlin was consistently paying higher prices than the norm. On Mercy Corps' strong recommendation, Merlin hired an independent engineer to perform an evaluation of market prices. This evaluation showed that in some cases, the difference in price was due to high quality inputs being used (for example, the switch boxes were more complex than those used in many schools or health centers, and this complexity was justified by the needs of the PHLs). In other cases, the higher prices for basic inputs (such as cement) were harder to account for. Overall, the engineer found that prices were 12 percent higher than average. Merlin was responsive to all of Mercy Corps' recommendations. However, by the time the engineer was brought in, it was too late to change the prices paid—we could only document the discrepancies. Given their lack of technical staff, Mercy Corps offered to review the results of Merlin's initial tender before items were bought, but this offer was not acted upon.

Nevertheless, the technical work performed by CMA has been of high quality. The rehabilitation of six PHLs adds greatly to the communities involved, and has had an impact upon the entire public health system of Albania.

A Training of Trainers for staff of the Institute of Public Health (IPH) took place in March and April 2001. Curriculum was designed following a needs assessment of laboratory staff. Two British specialists in Microbiology and Chemistry conducted the two-week training, which took place at the Institute of Public Health. The sessions were open for all IPH staff to attend.

The training included in-classroom lectures as well as practical exercises. The trainers visited laboratories for on-site discussions and capacity building. Handouts and reference materials were available only in English. While IPH trainees had sufficient language skills to use the materials, this diminishes their long-term usefulness.

Trainees were positive about the training in their evaluations. They reported they found both topics and methodology very useful and relevant to their work. Many staff had not had any training since the Ministry of Health stopped the annual IPH training courses due to lack of funds about 10 years ago. The Merlin sessions provided a crucial opportunity to update skills.

Following this Training of Trainers, IPH staff trained selected PHL staff from the targeted six districts.

All twelve District PHLs were supplied with lab equipment that had been identified in a needs assessment at the beginning of the project. Training on usage of the new equipment took place in the last month of the project. Merlin recruited a MoH lab technician to ensure that all equipment was installed and functioning after rehabilitation work was complete. Some of the equipment—such as electrical microscopes—turned out to be less practical inputs in cities with frequent power cuts. Overall, however, this provision of equipment has greatly increased the capacity of the PHLs to fulfil their role in providing testing and diagnosis to safeguard public health.

Mercy Corps' Direct Implementation of Health Projects

March-August 2002 No Cost Extension

Overall Design and Partial Rehabilitation of the Lecture Hall at the University Hospital of Gynecology – Obstetrics in Tirana.

Mercy Corps provided a comprehensive architectural and engineering review of an existing classroom/lecture facility at the Tirana Maternity Hospital and provided a portion of the rehabilitation needed at that facility. The target building was a detached solid brick and mortar construction that dated in the 1940's and is located inside the courtyard of the University Hospital of Gynecology in Tirana. The building is composed of a main lecture hall and two smaller classrooms. The physical situation of the building indicated general deterioration from continuous lack of maintenance and sporadic repair.

Mercy Corps' architecture and engineering team provided the Hospital Administration with a comprehensive new design for the complete rehabilitation of the Lecture Hall building to suit the new function as a conference hall and lecture classroom. Although unable to complete the entire rehabilitation, Mercy Corps did provide certain necessary and critical interventions in the rehabilitation beyond the architectural and engineering design. Mercy Corps conducted the following rehabilitation activities at the site:

1. Completed flat roof waterproofing for the entire building
2. Installed new rain gutters
3. Improved storm water drainage system
4. Removed and replaced plastering on the exterior walls
5. Painted entire exterior
6. Installed new aluminum alloy windows and doors
7. Installed or repaired window protections
8. Replaced exterior electrical wiring
9. Raised and paved pathway surrounding the building
10. Improved the accessibility by providing a ramp to the main entry door

The physical rehabilitation work cost \$20,287 (at 140 Leke to 1 USD) and was completed in early July of 2002.

B. Education

USAID Strategic Objective 4.1	Albania Refugee Community Relief Program
SSRP/A Strategic Objective:	Improved Social Services
Intermediate Result 3:	Improved Quality of Education Services

Program Overview

Five PVOs provided rehabilitation, technical training and community mobilization in educational facilities in eight prefectures in Albania. Kindergartens, 8-Year (primary) and high schools were targeted. Many of the schools had received little state aid for decades, and had been using the same furniture and teaching supplies for up to 40 years. Eleven sites were rural, ten were urban and two were peri-urban.

**23
Schools
Targeted**

Education sector PVOs made significant accomplishments in increasing a sense of community ownership of educational facilities. Implementing Partners built on current parent/teacher groups where they existed, at sites with no such associations, IPs facilitated their creation. Parent/teacher councils played an active role in the implementation of SSRP/A. This role ranged from making financial and in-kind donations to the projects, to helping clear and maintain school grounds, to determining priorities and design of SSRP/A rehabilitation activities. In some cases, the group's interests encompassed not just the school itself but addressed the needs of the community. PVO-facilitated councils have been instrumental in conducting health campaigns, building a local health facility, and taking steps to improve rural villages' access to electricity.

Accomplishments

Mercy Corps offered technical support, co-ordination and comprehensive monitoring of five international PVOs implementing education sub-awards.

AL-06 Catholic Relief Services (CRS)

Project Duration: October 2000 – October 2001
MC/USAID: \$ 688,537
Cost match: \$ 578,978
Total program value: \$ 1,267,515

Geographic Location: Fier, Durres, Tirana

Outcomes:

- Basic rehabilitation of six schools with the involvement of students, parents, teachers, and local authorities in all aspects of reconstruction.
- Creation of six fully functioning parent councils in these schools with capacity and training in: financial management, advocacy, prioritization of educational needs, planning and organizational skills
- Strong linkages and communication between parent councils, teachers and administrators, and local authorities within the Department of Education
- Strong linkages and communication between parent councils of different schools

Comments:

Despite initially falling behind on their implementation, CRS did an excellent job in the physical rehabilitation of six 8-year schools. The CRS project was notable for its inclusion of beneficiaries. CRS involved community representatives in the boards managing the tender

process, design, implementation and monitoring of the rehabilitation processes for all schools. The school facades were designed by the students themselves. This activity proved to be a useful and effective approach towards joint decision-making, power balance, distribution of responsibilities, transparency of the process and real partnership. Sustainable, self-governing groups, made up of parents, teachers and local authorities, have been set up at each school, and will maintain the facilities in the future.

CRS combined this participatory approach with strong engineering and technical skills. Mercy Corps worked closely with CRS engineering staff throughout the project, providing suggestions and recommendations on issues such as site safety and quality improvement of inputs. Overall, however, CRS required less technical guidance than several other IPs because of the strength of its own implementation.

CRS prepared modules for teacher training in coordination with the Ministry of Education, Institute of Pedagogical Studies, Universities of Tirana and Elbasan, Department of Education in Tirana and the Center for Parental Involvement in Education. An overarching theme of training was building the role of parents in education. CRS also facilitated round-table discussions between schools, attended by school administration and staff, local authorities, parents and community members, to discuss priority issues and identify potential solutions.

CRS provided a number of training sessions to Parent Councils. Training was given on needs assessments, strategic planning, financial and organizational management and project proposal writing. Trainings were also held regarding the benefits and techniques of school maintenance.

AL-03

International Catholic Migration Commission (ICMC)

Project Duration: October 2000 – August 2001
 MC/USAID: \$ 210,037
 Cost match: \$ 84,891
Total program value: \$ 294,928

Geographic Location: Dures

Outcomes:

- Rehabilitated kindergarten facility providing preschool education for 90 children aged 3-5 from Lagje 14, including the children from the orphanage.
- Access to primary school education for 100 children, mostly from migrant families in Lagje 14. Kosovar refugee children residing in the community whose families are planning to stay in Albania will be enrolled in the school as part of a durable solution for integration.
- Access to adult education and capacity-building trainings for 350 members of the local migrant community.

Comments

ICMC entirely rebuilt the Shkozet kindergarten, selecting a specialized design firm to ensure good quality work. The project initially encountered delays due to design and tender issues and the death of one engineer. ICMC requested and was granted an extension to complete the work. The new kindergarten is a handsome, well-built building, the result of good initial management decisions, strong site monitoring and community involvement. Through its own monitoring and inspections, Mercy Corps was intensively involved with this rehabilitation, making recommendations regarding design, safety, coordination with local authorities and accessibility for the disabled.

ICMC provided training to both teachers and social workers. An instructor from the Institute of Pedagogical Studies trained four teachers in various methodologies to encourage critical thinking. Five social workers were trained by a British childcare specialist, and later the social workers conducted their own trainings with parents for pre-school childcare groups. In addition, the Albanian Community Health Organization conducted a Training of Trainers regarding health promotion. Topics covered included common childhood diseases, home safety, risks of smoking and drinking, environmental health and health/hygiene programs in schools and kindergartens.

ICMC facilitated the Kenata Survey on Disability, which identified 59 cases of medical, physical, mental and learning disabilities in the Kenata community. ICMC had identified the main areas of intervention. Some children can be integrated into the school system, some will need medical intervention, some can be referred to the existing services for the disabled and some need life skills training.

While ICMC's proposal discussed holding adult education, English and computer courses, these did not take place. ICMC found that there was less interest than anticipated in these topics. ICMC's own delays in implementing this portion of their project also contributed to its failure to occur. ICMC had administrative delays on several occasions, and the final report the organization submitted to Mercy Corps was incomplete.

AL-04 *International Rescue Committee (IRC)*

Project Duration: October 2000 – July 2001
 MC/USAID: \$ 578,590
 Cost match: \$ 329,438
Total program value: \$ 908,028

Geographic Location: Tirana, Peqin, Shkoder

Outcomes:

- Physical rehabilitation, furnishing, and equipping of schools
- Strengthened community involvement and interaction
- Improved quality of service of education facilities

Comments

IRC rehabilitated four schools, two in remote areas, two in more populated regions. The impact of the rehabilitation was enormous, especially in the villages, which had seen no substantial work on the schools in thirty years.

Following the rehabilitation, the schools provide an acceptable educational environment—they are weatherproof, clean, well lit and well furnished with desks, chairs and tables. Teaching aids were also provided. Mercy Corps worked with IRC to coordinate with school officials, local authorities and the community in clearly establishing school grounds. Many schools in Albania saw the gradual encroachment of neighbors and squatters upon outside areas. Upon the official definition of the school environment, IRC erected fences to ensure that children have grounds for sports or playing.

IRC had a rather decentralized approach to rehabilitation—many decisions were made by site engineers as work progressed, rather than centrally. The benefit of this approach was that rehabilitation could be responsive to changing school and community priorities; the disadvantage was that work could seem confusing, with numerous change orders coming in over the length of the project.

Following an assessment, IRC and the Albanian Reading Association conducted teacher training on topics, such as modern teaching methodologies, evaluation, parent-teacher relations and children's rights. Seventy-five teachers were trained and 2648 students profited from this training. Another training was conducted on school maintenance, including fund raising and stakeholders' responsibilities. The 65 participants included school directors, teachers, parents, and local business leaders and authorities. Following this training, management committees were set up of individuals who will oversee maintenance of the schools after the project concluded.

Much of the community contribution to the project was in the areas of maintenance and yard development activities. Management committees, parent councils and school boards collaborated in cleaning yards, planting trees and flowers, and installing benches and trash cans. In addition, local craftspeople and apprentices were selected to maintain the schools for six months after the conclusion of the project. Management committees conducted fund raising activities such as concerts, art exhibits and selling home-baked goods.

AL-07

Solidarités

Project Duration:	October 2000 – July 2001
MC/USAID:	\$ 685,300
Cost match:	\$ 180,640
<u>Total program value:</u>	<u>\$ 865,940</u>

Geographic Location: Berat, Kucove

Outcomes:

- Improved infrastructure and resources of six education facilities: rehabilitation, water supply and equipment in schools
- Strengthened community involvement and interaction through participation and capacity building: community organization and new activities

Comments

Solidarités has, in many ways, been a model Implementing Partner. Rehabilitation began in a timely manner, was technically sound, and involved enough cost savings in its economical implementation that Solidarités was able to expand the scope of its programming. Solidarités established strong relationships with school staffs and communities, and engaged local authorities in the project.

Solidarités was flexible in site selection, and changed one beneficiary school for another early in the program in order to increase impact. Good quality furniture was procured and supplied soon after physical rehabilitation completed. In consultation with Mercy Corps' monitoring staff, Solidarités conducted a separate tender for the most expensive and complex items, so that they could achieve high quality while still maximizing cost savings for standard equipment like desks and chairs. Solidarités requested and received a no-cost extension to spend down funds on additional interventions, such as the rehabilitation of a gymnasium and furniture needs beyond those initially budgeted.

Solidarités worked with educational staff in mobilizing students. In one activity, the Forum, Solidarités facilitated an ongoing critical thinking exercise in which students researched, discussed and debated potential educational and professional choices. Specialists in those fields were then brought in to talk with the students directly. More than 600 students participated. Solidarités also organized a sports competition among 11 schools, in which 242 students participated. Community contributions to the project included planting flowers and providing physical labor to maintain school grounds.

Project Duration: October 2000 – September 2001
 MC/USAID: \$ 700,002
 Cost match: \$ 240,707
Total program value: \$ 940,709

Geographic Location: Elbasan, Peqin

Outcomes:

- Seven schools in rural areas of Elbasan and Peqin Districts constructed/ rehabilitated, including water supply and sanitation facilities, and provided a safe, weatherproof and productive learning environment.
- Enhanced learning environment in seven rural schools through the provision of school furniture and other supplies.
- Mobilized rural school communities participating in the reconstruction process and assumed responsibility for the maintenance of their schools.
- Increased strengthening of civil society in communities by members of these communities actively participating and implementing programs.

Comments

While World Vision originally planned to construct/ rehabilitate five schools, through cost savings they were able to construct/ rehabilitate an additional two. All seven schools now provide healthy, weatherproof and safe educational environments. Two schools, Pashtresh and Gjinar-Katund, were constructed; the other five have undergone a thorough rehabilitation process that should last ten years. The two new schools have been entirely furnished; the other five schools have had their most damaged furniture replaced. Mainly desks and chairs have been supplied, along with some educational equipment.

World Vision used local craftspeople in their rehabilitation process, which increased community involvement while allowing these craftspeople to upgrade their skills. Mercy Corps' ongoing monitoring and final inspections of completed buildings showed the quality of this local work to be high, which indicated the strength of World Vision's own selection process and on-site monitoring.

Rehabilitation priorities were established through continuous cooperation with the school administration and Parent/Teacher Councils. These bodies were encouraged to work together in assuming increasing responsibility for their school. The councils were quite active in identifying priorities and, with World Vision's facilitation, taking action. In the village of Gjinar, for example, the community sponsored a clean-up day and contributed money for a tractor to work on the road. They worked on a football field, repaired part of the school furniture and made plans to repair the public water tap. The practicality and visibility of their accomplishments will do much to build the sustainability of the council.

In other communities, achievements of local groups were equally impressive. In the village of Pashtresh, electric power was so weak that appliances (lights, refrigerators, etc.) were virtually useless. The community came together, identified this a priority, and developed a plan of action. Residents volunteered labor to raise pillars for a new electrical power transformer, and collected \$3 per person. With the support of the community, they approached the electric company, which agreed to supply all remaining materials free of charge. Increased power has had a huge impact on the quality of life in the village.

In Hasmashaj, the parents' council set up a first-aid corner and a small museum showing the history of the school. In Cengele, they planted flowers and placed benches in a green area, and in Shelcan, the community identified the need for a health facility and then orchestrated the donation of materials, land and labor to build it (see "Success Stories"). World Vision offered Gifts in Kind, such as tool kits, stoves and books for the library, as incentives for community action.

Mercy Corps' Direct Implementation of Education Projects

March-August 2002 No Cost Extension

Mercy Corps used the VAT received from the Albanian Ministry of Foreign Affairs to complement and complete SSRP/A projects. Projects were identified in consultation with former SSRP/A implementing PVOs, local partners, schools and community groups. Due to time and weather constraints, reduced staffing and other selection criteria, Mercy Corps undertook projects in two general categories, procurement and delivery of school furniture and physical rehabilitation of infrastructure.

Procurement and Delivery of School Furniture

At the end of April of 2002, Mercy Corps had overseen the procurement and delivery of more than 1,250 pieces of school furniture and equipment at 9 former SSRP/A schools in 4 Districts. Please see details in *Tables 1, 2* and 3 below.

Total Cost: \$28,209.98
Total Pieces: 1,277
Total Schools: 9 in 4 districts
Total Beneficiaries: 3,656

Table 1

School "Kushtrimi Liri Se"	Number of Classrooms	Number of Students	Number of Teachers	SSRP/A Site?
Tirana	22	1200	Unavailable	Yes CRS

Furniture Item	Leke cost	Unit Cost \$	No. Purchased	Total Cost \$	Comments	Delivery Date
Student Desks	4900	34.75	100	3475	Free Delivery	25/04/02
Student Chairs	2100	14.89	200	2978	Free Delivery	25/04/02
Shelves w/ doors	9000	63.83	25	1595.75	Free Delivery	25/04/02
Retrofit of existing desks	0	0	0	0	Attach tops with rivets no charge	25/04/02
Totals			325 pieces	8048.75		

Table 2

School "First of May"	Number of Classrooms	Number of Students	Number of Teachers	SSRP/A Site?
Fier	19	1000 (Grades 1-8)	52	Yes CRS

Furniture Item	Leke Cost	Unit Cost \$	No. Purchased	Total Cost \$	Comments	Delivery Date
Student Desks	3960	28.08	250	7020.00	100 I-IV 150 V-VIII	15/04/02
Student Chairs	1704	12.08	500	6042.55	200 I-IV 300 V-VIII	15/04/02

Teacher Desks	7800	55.32	20	1106.38	Free delivery	15/04/02
Teacher Chair	2000	14.18	40	567.37	Free delivery	15/04/02
Shelves w/ doors	10800	76.60	20	1531.91	Free delivery	15/04/02
Totals			891	18,214.72		

Table 3

Blackboards were delivered to **7 World Vision SSRP/A** rehabilitated schools in the Districts of Elbasan and Peqin.

Elbasan District	No. Students	No. Blackboards	Unit Cost	Total Cost	Received
Gjinar i Mesem	194	11	\$31.91	\$351.01	12/04/02
Gjinar Katund	220	9	\$31.91	\$287.19	12/04/02
Mlize	198	4	\$31.91	\$127.64	12/04/02
Shelcan	170	10	\$31.91	\$319.1	12/04/02
Pashtresh	114	9	\$31.91	\$287.19	12/04/02
Peqin District	No. Students	No. Blackboards	Unit Cost	Total Cost	Received
Hasmashaj	250	9	\$31.91	\$287.19	09/04/02
Cengelaj	310	9	\$31.91	\$287.19	09/04/02
Totals	1456	61		\$1946.51	

Infrastructure Rehabilitation Summary

Complete Rehabilitation of Gymnasium “Genc Leka” School, Librazhd.

In early July of 2002, Mercy Corps completed physical rehabilitation of a large, multi-purpose/ multi-use gymnasium at an SSRP/A school in Librazhd. The rehabilitated building is an indoor sport facility attached to the “Genc Leka” school. This school is located in the town of Librazhd and is part of a larger complex of educational and sport facilities in the town of 20,000 inhabitants.

The gymnasium at “Genc Leka” school is large enough for use as a basketball court or volleyball court. The gymnasium is a focal point for school and non-school activities of the surrounding area. The beneficiaries are the pupils at the school, the local volleyball team, and private citizens from the city.

The gymnasium included the basketball/volleyball court, two dressing rooms and one storage room. The playing area was made of hardwood flooring, which was badly degraded from lack of maintenance and water-proofing deficiencies in the roof and the concrete slab underneath.

Mercy Corps completely rehabilitated this facility with particular focus on the following:

1. Water-proofed the roof including horizontal and vertical gutters
2. Repaired all interior and exterior plastering
3. Completely repainted the interior and exterior
4. Repaired or remade all windows including the protection screenings
5. Installed new doors
6. Improved the building ventilation
7. Installed new lighting and electrical system in the gym, dressing and storage rooms
8. Installed a steam barrier over concrete slab in the playing area
9. Completed new hardwood flooring installation
10. Repaired complete exterior pathway

11. Repaired Outdoor Playground area, fence and retaining wall
12. Installed access ramp at school main entrance
13. Furniture and equipment (benches, wood sport equipment)

The total cost for the rehabilitation was \$55,500 (at 140Leke to 1 Dollar US).

In addition, a local Artist and Art teacher in Librazhd was hired by Mercy Corps to paint a mural on the exterior of the gymnasium. The fee for this artistic impression was \$400.

C. Local NGO Capacity Building

USAID Strategic Objective 4.1	Albania Refugee Community Relief Program
SSRP/A Strategic Objective:	Improved Social Services
Intermediate Result 4:	Strengthened Local NGOs Responsiveness to Priority Needs

Reported by partner agency ORT

Program Overview

For the first five months of the program, the SSRP/A Local Grants management team worked part time on the ORT Albania Democracy Network Program (DemNet). From July to December of 2000, the management team steadily decreased their level of effort under DemNet and increased allocation to SSRP/A, becoming full-time employees under SSRP/A in mid-December 2000 after the ORT DemNet closeout.

From July 10 to August 2, 2000, ARC drafted and approved an RFA for the local grant competition. Two separate grant deadlines were determined: September 5 and October 5, 2000. A total of \$400,000 in grant funds were allocated, half of which were given out in each round. Additional funds of \$68,000 contributed by the MCI cost-share match were allocated, amounting to a total of \$468,000 issued in grants.

The first RFA release, in both Albanian and English, was announced publicly on August 2, 2000, for the Local NGO Grants Competition. Press releases were distributed to all major media organizations in Albania and advertisements of the grant fund were placed in three different national newspapers. ORT DemNet published the announcement in their August and September project newsletters that was sent to over 250 Albanian and international NGOs, government institutions, and USAID projects. In addition, OSCE field offices throughout Albania distributed copies of the RFAs to NGOs in outlying areas. More than 400 copies were dispersed from the SSRP office in Tirana.

Public Information Meetings:

Information meetings were advertised and then held on August 7, 14, and 21 in the SSRP office. Due to popular demand, an additional informational meeting was held on September 11, 2000. Over 140 NGO representatives attended the meetings. During the meeting, SSRP staff outlined the criteria and strategy of the RFA and answered questions relating to proposal development.

Proposal Review and Grant Award Procedures:

Internal forms and procedures were created for reviewing proposals. One internal form was created to qualify proposals meeting established guidelines, criteria and primary goals and objectives of the RFA. An additional form was created for Review Committee Members to use when scoring qualified and recommended proposals.

A review Committee was established consisting of 6 representatives from SSRP, USAID, and an international donor.

<i>Round One</i>	<i>September 5, 2000</i>	<i>49 proposals received</i>
<i>Round Two</i>	<i>October 5, 2000</i>	<i>74 proposals received</i>

In both rounds, a total of 123 RFAs were submitted to SSRP in the local grants competition.

Grant Issuance:

A total of nineteen grants were issued in both rounds, totaling \$468,000, with a cost share of \$363,490 provided by local governments, communities, and LP's, for a total value of \$826,490.

Most projects overlapped in different sectors, such as a combination of health/education, social services/health, and/or social services/education. Ten projects had an element of rehabilitation, of which five were education rehabilitation, four were a combination of health/education/ rehabilitation, and one was social services/rehabilitation.

Projects were evenly distributed throughout the country and LP's consisted of both newer organizations, as well as more established LP's. Four LP's had been in existence less than one year, five were between 1-3 years old, and the remaining 10 had been in existence over three years, with some never having previously managed grant funding. *Please see Attachment II for detailed information on Local Partners and their projects.*

Monitoring and evaluation plans as well as indicators were established with LP's to follow up and report on throughout the grant period.

Training and Technical Assistance:

In response to SO4 of the SSRP Goals and Objectives, initial questionnaires were created to determine what types of technical assistance and training would be required by LPs throughout the project.

Using the modules and trainers previously created and trained under the ORT/USAID Democracy Network Program in Albania, LPs were provided in-depth training and follow up technical assistance in capacity building to ensure sustainability once project funding ended. Four training events, including six different modules, were provided to grantees in the following areas:

- Financial Management/Fundraising
- USAID Compliance and Procurement Procedures
- Media and Public Relations
- Proposal Writing
- Program Development/ Needs Assessment
- Report Writing / Internal Monitoring and Evaluation

Compliance/ Procurement Workshop- Rehabilitation Projects:

Mandatory compliance workshops were held on October 9 and 31, 2001 for the 10 LPs implementing partial or full rehabilitation projects. USAID procurement and tendering procedures were reviewed in detail with each LP. Funds for rehabilitation projects were not released until the SSRP/A Engineer reviewed and approved the required three bids for construction work, as well as project design plans. Most LPs were unaware of USAID guidelines regarding compliance and tendering procedures and thought they could contract out work to whomever they wished. None of the LPs had previously implemented a

rehabilitation project; thus, they were unaware of the need to have an engineer involved in the project to oversee the rehabilitation.

Follow-up and intense monitoring was provided by SSRP to LPs implementing rehabilitation projects. On average, rehabilitation projects were visited twice a month, sometimes more, depending on issues that needed to be addressed. LPs responded to, and rectified issues, with an average turn around time of two weeks.

Financial Management/Fundraising Training:

Financial Management and Fundraising Trainings were held for LPs on November 6-7, 2000, November 13-14, 2000 and March 15, 2001. A total of 27 LP representatives participated in the training. Sessions were broken down by the participants' financial management skill level. Participants evaluated the training as extremely helpful with the desire to receive more one-on-one training in the future. The majority of participants had never worked with, or heard of, "Chart of Accounts". All participants mentioned in the evaluations that this area was the most interesting to them, as well as the practical hands on exercises held throughout the training. The SSRP Local Grants Finance Manager conducted follow-up visits with each LP on an individual basis throughout the life of the grant to provide additional support in financial management. Follow-up monitoring / assessment reports were sent to each LP with recommendations made for further strengthening of their financial management systems, as well as internal operating procedures.

The timeliness of LPs submitting financial reports increased dramatically over the life of the project. The average submission delay for the 1st monthly report was 14 days, which was reduced at a steady rate throughout the program to an average of 7 days by the last (6th) monthly report.

Nine of the 19 LPs had no financial management system in place at the beginning of the program. Three LPs had only basic financial management systems in place but converted over to the system taught in SSRP/A financial management training. Five LPs were previous ORT DemNet Grantees and already had a proper system in place. One LP already had an advanced system in place.

Media/ Public Relations/ Report Writing Training:

Media/Public Relations and Report Writing Training was offered twice in March 2001 to LPs with a total of 28 LP representatives participating.

Practical hands-on training was provided in a group environment in creating press releases and organizing press conferences, as well as conducting interviews with the media. Examples of various types of Public Relations pieces were highlighted. Working groups were combined by experiences, enabling the more established LPs to share past experiences and ideas with less experienced LPs. Participants evaluated the training as essential in helping to promote their message and programs in a positive way to the community and general public. All responded that the skills learned would be utilized widely throughout their organizational structures.

Report Writing/Internal Monitoring and Evaluation Based on Established Indicators

The session on Report Writing consisted of providing LPs with skills in reporting on indicators, as well as the development of internal monitoring and evaluation plans to measure their program successes. LPs initially had a difficult time in reporting on established indicators to SSRP. LPs were submitting "activity report" formats to SSRP rather than reporting on established indicators. The training provided helped to clarify for LPs the difference between an activity report and actual results-oriented reporting on indicators. Support was provided to LPs by SSRP staff on creating internal monitoring/evaluation plans and indicators, which were adhered to throughout the duration of the project.

The number of progress reports rejected during the life of the grant decreased from 14 (of 19) base line reports at the beginning of the program, to only 3 (of 19) final reports. This change was a result of the increase in the LPs' understanding of reporting on indicators, as well implementing concise internal monitoring and evaluation plans to track program impacts and outcomes.

Proposal Writing & Program Development:

In previous training sessions provided by SSRP, participants requested training in Proposal Writing & Program Development. In response to this request, which was not in the original work plan, training was offered in May 2001 to all LP's, with 10 LP representatives participating.

Participants rated the training as extremely useful and relevant to the LP's future sustainability. Many of the LPs lacked experience in identifying priority needs and the ability to present this in a clearly written proposal format. SSRP staff provided follow-up support to LPs in reviewing proposals before submission to donors.

In evaluating the training, many of the participants suggested that SSRP provide a list of donors in which they could follow up with proposals. In response, the SSRP Local Grants Department met with various donors to determine guidelines and criteria for funding which was then passed on to LPs for follow up. SSRP Local Grants staff created a handout for donors that highlighted LPs and projects supported under SSRP and provided an overview of each project with funding amount, history of LP, name, address, telephone, and contact persons of each LP. This information has been helpful in bringing about awareness among other donors and NGOs being supported in Albania, as well as the need to support on-going initiatives created under SSRP.

Throughout the life of the grant, SSRP worked with LPs on providing on-going training and individual follow-up technical assistance. Many of the LPs were new and had not previously implemented projects, nor managed funds. LPs demonstrated a keen desire to learn, and to apply those skills in their daily operations. The support provided by SSRP has enabled many of the LP's to become stronger organizations that now have the capacity to attract other donors and manage projects professionally in the future. Eleven of the 19 LPs were able to secure funding from other donors to continue activities initiated under SSRP. LPs equated this success as a direct result of the training and technical assistance they received under SSRP.

Problems Encountered and Lessons Learned:

Most LPs lacked previous experience in implementing projects or managing funds. However, throughout the grant period, they all increased considerably their ability to identify needs, create professional proposals, implement projects, and conduct sound financial management oversight of programs.

LPs were eager to learn new skills and were responsive to recommendations made in program implementation, rehabilitation issues, internal financial management systems, and report writing. Although some LPs perceived our reporting requirements as somewhat "stringent", all later noted that this helped them to become accountable financially, as well as helped them to develop habits of being conscientious of submitting reports on a timely basis. All noted that the capacity building skills that were provided under the SSRP program will benefit them in the future when working with other donors.

The experience that the SSRP Local Grants staff had in working under the former ORT/USAID Democracy Program was essential in identifying potential problems with LPs and responding to them before they reached to a point of not being able to be resolved. Issues

arose in rehabilitation projects in areas such as procurement/tendering, reasonable pricing, and construction oversight. However, through the consistent monitoring of projects by SSRP, LPs became accountable for practices in program implementation. This has resulted in LPs becoming stronger and more transparent organizations that are now capable of implementing other rehabilitation projects in the future.

Project Management Aspects

SSRP staff implemented grant management and monitoring/evaluation procedures within the first month of the project to track submission of LP financial and progress reports, development of monitoring plans and indicators with LPs, evaluation timetables and formats, compliance issues and regulations, and assessment tools used to determine capacity building needs of LPs. The experience of the SSRP staff working under the former ORT/USAID DemNet Program in Albania enabled procedures and modules to be replicated and implemented without delay, thus allowing for the majority of SSRP staff's time to be allocated to working directly with LPs on monitoring and evaluating projects, providing oversight in rehabilitation projects, as well as providing LPs with training and follow-on technical assistance required to ensure sustainability.

Education

Thirteen educational facilities, benefiting over 5000 students a year, received improvements to infrastructures, resulting in an increase in quality environments to educate the youth.

Additionally, teachers within six districts located in predominately rural areas, received updated skills in teaching methodologies, affecting the quality of education that over 2500 students will receive on a yearly basis.

Health

Forty-five communities, predominately in rural areas where no information was previously available, have received an improved quality of information and training pertaining to health issues, focusing primarily on women's reproductive health, STDs, early childhood development, and primary health care.

One project focused on mental health illness, which directly benefited over twenty-five long-term care patients from the psychiatric ward in Tirana, ninety day care patients, and 350 family members of persons with mental health illnesses.

Social Services

Seven communities were provided assistance, awareness, and/or day care programs for disabled persons and their families. Over the course of the project, over 1000 persons directly benefited from these programs, which heightened awareness of the needs of the disabled to be accepted in society, as well as providing skills in integration of disabled persons into main stream society.

One social service center, providing services to over 5000 persons, has been created to provide eligible persons social services benefits and linkages to social service sector NGOs within the community.

Community Mobilization

Thirty-five communities were actively involved in program design, implementation, and cost share of projects. Due to the positive outcomes of these projects, an increased awareness has been instilled in each community about the benefits of working jointly with local governments, NGOs, and the community to identify and address priority needs within the community in the future.

III. MC Management

USAID Strategic Objective 4.1	Albania Refugee Community Relief Program
SSRP/A Strategic Objective:	Improved Social Services
Intermediate Result 1:	Efficient Management of SSRP/A Resources on Behalf of USAID

A. Overview

Cooperative Agreement modifications (Mod # 2, #3, #4) during this reporting period included no-cost extensions to the prime grantee, Mercy Corps, changing the estimated completion date to August 7, 2002. The no-cost extensions, approved on June 18 and October 26, 2001 and February 11, 2002, allows additional (no-cost) program activity time to be granted for sub grantees as noted in the executive summary.

B. Subgrant Management

Summary of key indicators to support Mercy Corps' subgrant management role:

IR 1 Efficient Management of SSRP/A Resources on Behalf of USAID

- IR1.1: Effective Support for PVOs to Achieve Results
- IR1.2: Effective Grants Management
- IR1.3: Informed Program Implementation

IR1.1: Effective Support for PVOs to Achieve Results

Indicators for working groups/workshops/seminars organized by MC

Several working group and ad hoc meetings were created and held from January to April to assist SSRP/A partner agencies with implementation issues. Programmatic and compliance issues were determined by soliciting feedback from implementing partners and other stakeholders (Ministries of Health and Education/Science). Coordination, sharing of resources and lessons learned were generated from such meetings.

To complement the multi-sector nature of SSRP/A, separate health and education working groups were created. For the health agencies, at the request of the Ministry of Health, a working group was created to provide status updates on rehabilitation, training activities and other technical inputs. A representative from the primary health care unit at the Ministry was present at two such meetings. A total of three health-sector working group meetings occurred in this reporting period.

The education agencies requested a less formal working group structure and regular meeting schedule by substitution of cross-visits and sharing of information on curriculum development and training activities. Two education-sector only meetings were held between April and June.

Indicators for MC's office and program monitoring (issue identification and follow-on TA)

- Program Monitoring

Number of monitoring visits by subgrant disaggregated by type of visit	
Program Monitoring	As of March 2001, MC completed 28 monitoring trips .
68 cross-visits total 71 rehabilitation exclusive	From April to June 2001, MC completed 30 monitoring trips .
	From July to September 2001, MC completed 10 monitoring trips
	From July to September 2001, MC completed 67 final inspections

Timeliness of monitoring by the number of days following visit that monitoring report was transmitted to subgrantee

Reports **averaged 3-4 days** for submission turnaround

Number and type of issues identified resulting in MC recommendations and suggestions for improvement (TA) provided

Recommendations	Jan. - March, 1 st Quarter	MC provided 14 rehabilitation recommendations
	May - June, 2 nd Quarter	MC provided 24 rehabilitation recommendations
	July – Sept, 3 rd Quarter	MC provided 1 rehabilitation recommendation
	Jan. - March, 1 st Quarter	MC provided 4 social service recommendations
	May -June, 2 nd Quarter	MC provided 9 social service recommendations
	July – Sept, 3 rd Quarter	MC provided 2 social services recommendations
Suggestions	Jan. - March, 1 st Quarter	MC provided 30 rehabilitation suggestions
	May - June, 2 nd Quarter	MC provided 31 rehabilitation suggestions
	July – Sept, 3 rd Quarter	MC provided 8 rehabilitation suggestions
	Jan. - March, 1 st Quarter	MC provided 10 social service suggestions
	May - June, 2 nd Quarter	MC provided 12 social service suggestions
	July – Sept, 3 rd Quarter	MC provided 2 social services suggestions

Recommendations were carried from previous monitoring visits to track progress and adherence or variation. IPs were encouraged to provide feedback to recommendations which usually included provision of additional information or action to be taken at project sites and internal monitoring of activities and cost. Suggestions were not tracked but noted on future reports.

❑ *Office Monitoring*

Compliance Monitoring	As of March 2001, MC completed 5 internal control systems review
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Five US PVOs under SSRP/A subagreement completed a Mercy Corps supplied Internal Control Management Systems Review Checklist. As these agencies were under A-133 audit provisions, there was no need to monitor their systems in detail– unless the control checklist indicated a sufficient weakness. The purpose of the systems review was to ensure that

implementing partners were following organization-wide standard practices and procedures. Upon review of the completed questionnaire, Mercy Corps Finance & Compliance Office issued a report covering findings, applicable regulations/practices and recommendations.

No significant findings were noted which warranted additional compliance measures from Mercy Corps. Agencies were still required to fulfill A-133 audit provisions for SSRP/A funds.

In addition to internal control systems review, during April and May of 2001, Mercy Corps Finance staff completed on-site office visits with all international implementing agencies to review and discuss cost match reporting and documentation. The office visits served to provide Mercy Corps reasonable verification of cost match reporting in accordance to 22 CFR 226 guidelines. Around \$100,000 in approved cost match was found to be disallowable during this review. The disallowed funds, however, did not significantly impact the total cooperative agreement sum.

IR1.2: Effective Grants Management

Indicators for MC's responsiveness in resolving regulatory issues during implementation

Timeliness of MC's resolution to IP requests ¹	
Action: Source & Origin Waiver Issuances	Date
IP request for waiver on medical equipment purchase outside of 000,182	11.13.00
Mercy Corps recommendation to USAID/Agreement Officer (AO)	11.29.00
IP further supporting documentation	12.11.00
USAID/AO clarification to Cognizant Technical Officer (CTO)	12.13.00
Mercy Corps revised/combined request to USAID/CTO –AO	01.19.01
USAID/AO approval issued for combined IP procurement	02.09.01
Mercy Corps issuance of approval to IP(s)	02.09.01
❑ Final resolution to IP request	58 Days
Action: Nationality Waiver Issuance	Date
IP Request for nationality waiver for consultants	02.26.01
Mercy Corps review & recommendation to USAID	02.27.01
USAID/AO approval to MC	03.09.01
Mercy Corps issuance of approval to IP	03.09.01
❑ Final resolution to IP request	7 Days
Action: No Cost Extension	Date
IP request for no cost extension/budget revision/scope change	03.12.01
Mercy Corps review & recommendation to USAID	03.16.01
USAID/AO approval to MC	03.22.01
Mercy Corps issuance of approval to IP	03.29.01
❑ Final resolution to IP request	7 Days
(note USAID/AO approval transmission delayed until 3.29.01)	

IR1.2: Effective Grants Management

Indicators for MC's ongoing financial oversight of program

Accuracy of financial reporting	
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¹ Office Closed – Holidays: 28-29 November 2000, 27 December 2000, 1-2 January 2001, 5 March 2001, 22 March 2001

As a financial reporting monitoring tool on the SSRP/A project, Mercy Corps created a standard expense-reporting format (MES) for each of the international implementing partners (IPs) to use. The format includes columns for reporting USAID expenses as well as cost matched expenses. These expenses are further reported based on:

- Budgeted Amounts
- Prior Months Expenses
- Current Reporting Period Expenses
- Total Cumulative Expenses
- Balance Remaining

Each month when the IP submitted the MES, Mercy Corps' Finance Office entered the expenses into an internal Excel file, Subgrant Budget v. Expense. The file helped to check the accuracy of calculations and provided monthly trends. The Mercy Corps Finance Office thoroughly reviewed the IPs' monthly expense reports (MES) paying special attention to: sub-total and total of columns, cumulative totals, incorrect posting of expenses, and recalculation of indirect cost.

Following the review, correspondence letters were written and sent to the IP. Two separate letters were sent: one that addressed USAID expenses and one that addressed cost matched expenses. On an as needed basis, Mercy Corps scheduled meetings to discuss the variances documented in the MES review correspondence. Also, Mercy Corps frequently communicated with the IPs via correspondence, emails, and telephone calls regarding various issues observed via the MES review process.

Mercy Corps also tracked the cash advance position and compared cash advance requests against total expenses reported on the project. Mercy Corps Albania coordinated all cash advance requests with Mercy Corps Sub-Grants Manager in the Home Office.

On a quarterly basis, Mercy Corps reviewed the financial data submission for accuracy. The quarterly data is entered onto the Subgrant Budget v. Expense Excel file and variances are discussed with the IP. Similar to the monthly financial review, correspondence is sent to the IP if they have not submitted quarterly financial data or if they are late in reporting. Also, Mercy Corps frequently communicates with the IPs via correspondence, emails, and telephone calls regarding various issues observed via the quarterly financial review process.

All correspondence and IP inquiries were addressed within three business days of receipt.

Timeliness of financial reporting

While all IPs were encouraged to submit their financial reports in a timely fashion, they averaged a five to ten day delay in monthly expense reporting. (The delay is measured in business days.) Similarly, they averaged a 16 to 43 day delay in quarterly reporting.

At the field level, late notices were sent to any IP who was five business days late in submitting monthly expense reports. Second late notices were sent once the IP was ten business days late in submitting its monthly expense report. As a last resort, Mercy Corps' headquarters made contact at the headquarter level once an IP was 15+ business days late in submitting its monthly expense report.

IR1.3: Informed Program Implementation

In August and September of 2001, an external evaluation was conducted on Mercy Corps' administration and implementation of SSRP/A². Implementing Partners were asked to

² Carrie Gruenloh, "Albanian Social Sector Rehabilitation and Support Program (SSRP/A) External Evaluation Report," September 27, 2001. Submitted to USAID Albania October 2001.

evaluate Mercy Corps' management role. In general, IP representatives reported themselves satisfied.

Among the topics covered in the external evaluation were "Evaluation of Mercy Corps Monitoring," and "Overall Satisfaction with Mercy Corps Management." Respondents were asked to grade Mercy Corps on these issues on a 1 – 5 scale, where 5 is the best rating. Regarding monitoring, respondents were asked to consider knowledge of monitors, preparedness of monitors and responsiveness. Mercy Corps received an average rating of 4.48. Regarding overall satisfaction, respondents were asked to consider responsiveness, professionalism, knowledge and level of involvement. Mercy Corps received an average rating of 4.47.

C. *MC Management Structure & Procedures*

During the reporting period, the following staff changes occurred for the following key personnel:

1. Health Manager posted in January of 2001.
2. Finance and Compliance Manager posted in February of 2001.
3. Grants Compliance Officer position vacant in March of 2001 due to staff member emigration.
4. Team Leader replaced in November of 2001.
5. Health Manager departed in February of 2002; position left vacant.
6. Team Leader replaced in February of 2002.

D. *Problems Encountered*

One of the most difficult issues was the TVSH/VAT refund documentation and reimbursement process. In January of 2002, USAID arranged a meeting with the Albanian Ministry of Foreign Affairs to discuss VAT reimbursement and the obligations described in the bilateral agreement. At that time, the Ministry entered into an oral agreement to facilitate the rapid reimbursement of more than \$300,000, to allow the monies to be spent on SSRP/A activities. By the end of the program Mercy Corps had received \$240,000 in VAT reimbursement from the Albanian Ministry of Foreign Affairs.

ATTACHMENT I

FINAL REPORT
FOCUS GROUP DISCUSSIONS

Prepared by
Ahmed Kashmiry, MD, MPH

December 2001
USAID/MC PROJECT
Cooperative agreement 182-A-00-00-00104-00

Acronyms

ADRA	Adventist Development and Relief Agency
FGD	Focus Group Discussion
IMC	International Medical Corps
IRC	International Rescue Committee
MC	Mercy Corps
MIS	Management Information System
NGO	Non Governmental Organization
PHC	Primary Health Care
SSRP/A	Social Sector Rehabilitation Program Albania
USAID	United States Agency for International Development

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INTRODUCTION

Mercy Corps undertook a series of focus group discussions (FGDs) with the communities that had benefited from the USAID/MC Albania Social Sector Rehabilitation Program (SSRP/A) after its completion. The goal of the SSRP/A program was to restore essential community level social infrastructure in the communities directly affected by the influx of refugees from Kosovo.

The objectives of the SSRP/A program were:

1. Improved infrastructure and resources of health and education facilities
 - a. Rehabilitation of health and education facilities
 - b. Provision of health and education resources, such as materials, furniture supplies, etc.
 - c. Provision of equipment and training
2. Strengthen community involvement and interaction through participation and capacity building
 - a. Involvement of community members at all stages of the project.
 - b. Participatory community appraisals
 - c. Training of communities and groups
 - d. Capacity building
3. Improve the quality of services of the targeted health and education facilities
 - a. Training of health and education facility management.
 - b. Training educators in interactive learning methods and modern teaching practices
 - c. Training physicians and nurses in Primary Health Care (PHC) elements

Goals of FGDs:

1. To generate relevant qualitative data on the impact of the SSRP/A health program on PHC utilization and public perception in targeted areas.
2. To gather baseline data on PHC utilization and public perception of health care to benefit planned and ongoing USAID programs addressing SO 3.2: Improved Selected PHC Services in Targeted Sites.

Objectives of FGDs:

1. To elicit any change in the perception of the communities regarding health services at the PHC centers after completion of SSRP/A.
2. Get a qualitative analysis of attitudes towards seeking medical care before and after the program.
3. Compare responses of men and women in villages towards utilization of PHC facilities.
4. Seek additional requirements of communities towards services within their cities or villages.
5. Clarify their attitudes and practices towards preventive medical care versus curative.
6. Compare attitudes and practices of people towards health services in rural versus urban areas.
7. Come up with recommendations for future health activities- provided by governmental or non-governmental bodies- tailored according to needs and preferences of the communities.

Methodology:

Each focus group discussion had 6 to 11 participants. The groups were carefully chosen to represent women, especially in the childbearing age. Each group had a moderator and a note taker (rapporteur). All discussions took place in Albanian language without any instant translation. Notes taken after the sessions were translated into English, as well as the findings, analysis and recommendations.

The sessions took place in a public facility according to availability, e.g. health center, community center, coffee shop, etc. Sessions lasted between 60 to 120 minutes each. FGDs were also tape recorded after securing permission from the participants.

Time frame:

One week for preparing the topics for discussions, translating into Albanian	Oct 29-Nov.2, 2001
One week for training the moderator and the note taker and for field pre-testing.	Nov 5-9, 2001
Three weeks for the sessions	Nov 12-30, 2001
One week for translating the findings into English	Dec 3-7, 2001
Two weeks for compiling the results and writing the report.	Dec 10-14, 2001 Jan 14-18, 2002

Sites for Focus group discussions:

SSRP/A program included 38 sites for health activities (excluding Merlin). 32 sites were rural and 6 urban. Hence, 9 sites for the focus group discussions were chosen, with 6 in rural sites and 3 in urban sites. FGDs took place in the following sites:

Urban sites: Tirana: Polyclinic No.8 Durrës: Ambulanca 8/18 Durrës: Ambulanca 2/17	Rural sites: Fier: Hekal HC Berat: Dronovice HC Kavaja: Helams HC Kavaja: Golem HC Shkodra: Barbullush HC Pequin: Perparim Hc
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Findings:

- Almost all of the individuals agreed on the better condition of the health facilities after rehabilitation, though some facilities still lack electricity, water and heating most of the day. They mentioned that the sewage and garbage collection systems were not functioning (even in Tirana).
- Most of the rural inhabitants complained of less health staff now compared to some years ago. One of the women stated that before a nurse could deal with a simple wound; now they have to go to the district. Many also mentioned the lacking an ambulance for transferring the emergency cases at night.

- More than half of the people in the rural areas mentioned that their health units lack specialists, a dentist, a maternity ward and medical equipment.
- One of the participants criticized the Management Information System (MIS) at the health facility, as patients' files were very old and often lost. By observing the filing system in the PHC units, it showed that patients' files were too old. They were, in most cases, dusty and yellow in color.
- They all agreed on the comprehensiveness of the immunization services for children but stated that family planning services were generally unavailable.

Conclusions:

- Rehabilitation of health centers made a big difference that was felt by the participants. The chronic national shortages in electricity and water continue to negatively affect the usage of the health centers.
- Although Albania has a plan for reforming its health sector and gave a priority to PHC units, this has not been seen in practice, as the client load is still heavy on the hospital side. Most PHC units are not well equipped and underutilized.
- The expectations of the majority of the population were unrealistic in most cases regarding rural PHC units and ambulances; many were demanding various specialists and sophisticated equipment like the echogram. According to the Health Sector Reform plan, specialists and equipments should only be at district and central level. Although this would be most cost effective, it would still require a functioning referral system.
- The Albanian health insurance system has not stated that clients must first use primary care before referrals can occur. Therefore, people have continued to use the district and central hospitals as they have for decades. There is no incentive for health care providers to refer any patient.
- The sense of ownership by the community was felt in a few places, yet most people still expected the central government to provide them with full health care. This expectation extends to public health issues negatively affecting the populations, such as garbage collection and sewage disposal.

Recommendations:

- Dental services in the rural health centers need to be strengthened. In many places, there is no dentist assigned, and in other centers where there is one, dental equipment is very old and dysfunctional.
- The community at large needs to be aware of the different levels of health care facilities. This will lead to more realistic expectations regarding medical and health related services provided by PHC units.
- Referral systems need to be developed between PHC units, district and general hospitals and specialized hospitals in the Tirana.

Annex I

REPORT I

Date:	November 9, 2001	Participants:
Place:	Kavaje /Golem	6 community members (3 men and 3 women): Faik Jaho, Qerim Muca, Reshit Syneri, Resmie Lila, Mender Kosturi

The village Golem is located in the Kavaja district. The Golem Health Center was rehabilitated with USAID funds, monitored by MC and implemented by International Medical Corps (IMC). The objectives of the FGD were to get the opinion of the community about the health center rehabilitation, conditions, services, changes, etc. The FGD started with a presentation by MC staff stating the goal of the meeting and the participants introducing themselves. The moderator then asked them about the changes they had seen in the health center after the rehabilitation. The participants were active, and during the discussion, they expressed their opinions openly. One of the participants said that there was only one doctor in the area health center. There had previously been two doctors, but one had left, leaving one doctor for the 10,000 people served by this health center.

One of the women said that the health center conditions had improved, and the reconstruction and medical equipment had been a valuable addition to the health center. To her, the center was now clean, everything was in order, immunizations were taking place regularly, the health center staff was working in shifts and had very good communication with clients and the health center was always open.

Another participant, a man, added that there were no 24-hour services in the health center. The women, as well as other community members, preferred to go to Durres or Kavaja because there were no medical specialists available locally. There was another village close-by where people could find a doctor at any time, however, the conditions in this village were worse than those in their village, but some inhabitants were still going there. In their health center and in the village, there was no water or power. The water comes to the health center via transport. They also do not have any laboratories for analysis work. Midwives were consulting women with babies and visited them during their pregnancies, either at the women's homes or at the health center.

When asked about their perception of "good health," the participants said that it meant someone who is not sick.

One of the participants stated that some changes had occurred in the health center, but they had not been of any big value, since the maternity ward was not functioning, there were no laboratories or specialists and just one doctor for all the inhabitants in the area.

REPORT II

Date:	November 13, 2001	Participants: 10 community members
Place:	Fiers/Hekal	(6 men and 4 women)
		Ramadan Hodaj: teacher
		Zyli Shehu: teacher
		Bejace Ahmeti: teacher
		Thanushe Kapaj: teacher
		Kastriot Iliazi: head council
		Agron Hoxha: social program worker

Nikolin Alymeri: student
 Myqerem Myrtaj: student
 Syzana Lutaj : student
 Nikoleta Benaj: student

The village Hekal is located in the Fier district. Hekal health center was renovated with USAID funds, monitored by MC and implemented by ADRA. The moderator of the FGD opened the discussion, asking the participants about the health program that was implemented during the past year.

One of the teachers said that it was an important investment for the village. She thanked MC for the good work: “We feel very well now that the health center is rehabilitated. We want that your work is appreciated by others.” She praised the staff and the conditions as now being very good, as well as medications. The community had also done a very good job. The head of council said that previously, the center was in a terrible situation and part of this was the community’s fault. He wished that this project could be applied to all other health centers in the community. He said the situation in other villages throughout the community was very difficult, and he had requested extra funds. He said that staff was offering qualitative services to the population and was very communicative.

Another teacher wanted to know about future programs. She was grateful for the rehabilitation and said before, the villagers had been going to Ballsh for their medical problems, but now they were going to the health center in the village. She then requested if MC could do the same thing for the school.

When the moderator asked about the services provided, one woman said that the nurses had started working in the afternoon and injections and visits were done regularly by the staff. In the past, a veterinarian had administered the injections. However, the women still needed a maternity ward. A teacher said that they were coming in the health center only when they were sick and not for a medical check-up. She said that they needed a laboratory for different examinations (e.g., blood tests).

A man thanked us for this discussion. He said that there was no janitor for the health center and that the doctor and nurses were doing this task themselves. The same problem is at the school, as well.

The pupils thanked MC for the work done. When they were asked what good health meant, their answer was that good health did not mean to be fat but to be strong, to feel good and not to be weak. Another question from the moderator was if there were any problems in the village that stimulated diseases. The group claimed: “There are no problems because the air is fresh, olive oil is very healthy and milk is very good. There are not any health problems in general.” They hoped that laboratory and maternity services would be added in the future.

REPORT III

Date:	November 15, 2001	Participants: 9 community members (3 men and 6 women)
Place:	Durres /Ambulantas ¹	Rexhep Ketusha: pensioner
17		Shpresa Ketusha: pensioner
		Ornela Alili: high school degree (unemployed)
		Brikena Memini: high school degree (unemployed)
		Esma Spahiu: teacher
		Edlira Spahiu: student

¹ Ambulantas translates to health clinic in Albanian

Shefik Cinkolla: pensioner Niko Xumari: teacher Viola Baha: high school degree (unemployed)

Ambulantas No.17 is in Durres City. The ambulantas was rehabilitated with USAID funds, monitored by MC and implemented by IRC. The FGD began by presenting MC staff and the goal of the meeting, and then the participants introduced themselves. The moderator asked what they thought about the health program implemented during the past year. A pensioner started the discussion. He said that now the ambulantas was very nice, when before it was very bad. He used to come inside the building with an umbrella because the ceiling leaked. He had been living in the area for 24 years and had always found the medical staff to be very good. A teacher said that they were now enjoying the ambulantas because the services were better than before, when the health center staff was working in difficult conditions. Another pensioner said that he had always come to this ambulantas for medical visits and had noticed that the doctors were working in difficult conditions. It was very important that the medical staff, together with the community, take care of the ambulantas.

Another pensioner said that they were having problems with personal patient files: "I have asked only for personal patient files; he said they are very old, filled-out on different papers and without a regular format. This is a big problem because sometimes the patient files are lost." Two other pensioners said that they had bought files by themselves.

One of the teachers complained that there were no services provided in the evenings. "The ambulantas official regulations state that the health staff should be available on shifts. Practically, the doctors leave the ambulantas, claiming that they are visiting the patients at their homes. I know that they lied because they go home and don't respect their working hours." One of the pensioners said there were no health services available on Saturdays and Sundays. He added that they were lacking a laboratory. This ambulantas serves three neighborhoods, and thus, the provision of a laboratory would be very necessary. One of the teachers said that there was no echocardiogram in the ambulantas. A pensioner concluded that it was a shame for them because the NGOs were helping them a lot and government was doing nothing.

REPORT IV

Date:	November 20,2001	Participants: 7 community members (6 women and 1 man)
Place:	Durres: Ambulantas 8/18	Shaqe Begu-disabled Sajuza Nova-economist Nimete Hadie-pensioner Yllka Caca-lab worker Elfrida Hadie-dresser Engjellushe Keptiu-disabled Elmaz Begu-pensioner

Ambulantas No 8/18 in Durres was rehabilitated by USAID funds, monitored by MC and implemented through IRC. The FGD began with the presentation of the MC staff and the goal of the meeting, followed by the community participants introducing themselves. The moderator then asked them if they have been informed about the health program that was implemented during the past year, and if they had witnessed any changes after the rehabilitation of the ambulantas. The participants confirmed that they were aware of the health program and that they were grateful for the rehabilitation of the ambulantas. A woman said that the ambulantas had changed completely. The conditions there had been

terrible before the rehabilitation. It was boring for her to come and for the staff to work there. Now the staff had to maintain the ambulantas. She hoped that, in the future, something else would be done. She felt the area needed a surgery unit because many were going to a hospital that was far away for a simple wound. The local nurses provided this service in the past. She added: “First of all, the ambulantas now has a very attractive view; before I was sad because I needed to come here often and the conditions were terrible.”

The participants said that the ambulantas was serving the inhabitants from two big quarters (almost 25,000 inhabitants), and therefore, it was necessary that the ambulantas provide more services in the future. The staff was covering, with difficulties, the medical needs of the population they served. There were some private doctors, but the population was coming to the ambulantas because it was difficult for them to pay the doctors’ fees. They felt a need for a laboratory for analysis, a surgery unit and a maternity ward.

Regarding the services provided, the health staff was giving injections and immunizations regularly, but there was no family planning. The people in the area come to the ambulantas for medical visits because their medical files are stored there. The staff members refer them to doctors in the hospital, if it is necessary.

When the group was asked what they perceived as “good health,” they answered that good health meant when a person feels good, has no pain, no stress and no general difficulties; if the life conditions were good, the health would also be good.

REPORT V

Date:	November 22,2001	Participants: 11 community members (7 men and 4 women)
Place:	Berat/Drenovic	Izet Vrapi- musician
		Vladimir Marina-unemployed
		Agim Jelli-farmer
		Dallandyshe
		Braci-unemployed
		Azis Milli-farmer
		Durim Braci-Joung
		Hyrie Marina-unemployed
		Bukurie Gjishiti-housewife
		Renato Vrapi-unemployed
		Hajrie Gjishiti-pensioner
		Gezim Hoxha-emigrant

Drenovic village is located in the Berat district. The health center of Drenovic was rehabilitated with USAID funds, monitored by MC and implemented by ADRA. The FGD began with MC introducing themselves and presenting the goal of the meeting, and then having the participants introduce themselves. Following that, the moderator asked the participants about the changes they had noticed at the health center after the rehabilitation. The participants expressed that they had seen many changes in the health center, but they would rather discuss the problems in the health center. One of the biggest problems, they said, was the lack of a water supply in the health center. Another problem was the electricity, which was a problem in the village as well. Pregnant women were coming for their deliveries and staying only two hours after the delivery because there was no heating. Also, there were

few injections for pregnant women to help them in the delivery, and they had to go often to Berat to buy them. They added that there was only one doctor for two villages, and it was difficult for him to cover both. It was necessary to have a 24-hour service, as well as an ambulance, because when people are sick, they have to go to Berat or somewhere else in a taxi.

The health center staff is appropriate. They are doing all immunizations, as well as consultations with pregnant women. They said the area does not have a dentist, which is a big problem for them because, if they have a dental problem, they have to go to Berat, which is often a difficult journey for them to make.

Another participant said that when people have any medical problems, they are going to the health center and not somewhere else. The participants were then asked if there were any problems in their community that prevents good health. Their answers were very much the same, in that they all agreed upon three health risks causing the spread of disease in their village: lack of portable water; destroyed sewage system; and no garbage disposal system.

REPORT VI

Date:	November 23, 2001	Participants: 6 community members (1man and 5
Place:	Tirana/Polyclinic No. 8	women) Merita Hyska (teacher) Rozali Nurishi (pensioner) Serina Ameti (pensioner) Drita Luka (pensioner) Violeta Bala (pensioner) Fatmir Kapiri (unemployed)

Polyclinic number 8 is located in the Tirana district. Polyclinic No.8 was rehabilitated with USAID funds, monitored by MC and implemented by IRC. The objective of this FGD was to get the opinion of community about the polyclinic rehabilitation, its conditions, services, changes, etc., and how it has affected them. The FGD started with the presentation of MC staff and the goal of meeting, followed by the participants introducing themselves. The moderator then started asking them about the changes they have witnessed in the health center after the rehabilitation.

One of the participants, a pensioner, said that they were enjoying the services because the medical staff was taking care of them. The staff was even coming to their homes when they needed their help. One of the women said that the polyclinic was different than before, in that all the staff was doing a good job, from the janitor to the physicians. “This is one of the best polyclinics in Tirana,” she said. One of the women said that there were no medical services for diabetics. Older people needed to go to the hospital to have this service. One of the pensioners said that she was always coming to the clinic because she was sick with heart disease and the doctor was very good. Another pensioner said that she was going to the hospital only when the clinic was missing necessary equipment, for example, an echocardiogram.

There are a lot of services at the clinic, for example, pediatric, pathology, laboratory and a consulting room located in another building. The gynecologist and nurses were considered to be very good, but they offer services only in the consultancy room at the polyclinic and do not provide services at home for pregnant women. A third pensioner, who has lived in this neighborhood for 45 years, said: “The medical staff is very good. When I was very sick one time, the doctor accompanied me with the

ambulance to the Emergency Room in the hospital.” The polyclinic is open till 8 p.m.; after this time, the community members go, if necessary, to the Emergency Room at the Hospital.

All the participants said that the lack of a garbage disposal system is a big problem for their health. The truck comes only when the trashcans are full, which is causing a bad smell. Also, there is always mud in front of the polyclinic. When asked about their perception of “good health,” one participant replied: “To have good food, a clean environment, good quality meals and clean drinking water because the drinking water is very bad.” Another participant added: “To me, it means a good economy and reliable welfare system.” All the participants agreed that the medications are a big problem for them because the pills are sometimes expired. They said they consume a lot of pills, but they feel that the results are the same and that they aren’t being treated. By the end of the meeting, the participants congratulated Mercy Corps for a job well done.

REPORT VII (key informant interview)

Date:	November 27, 2001	Participants:
Place:	Shkoder /Barbullush	Community Leader Physician of Health Center

The object of this meeting was to prepare a FGD with community members. We met at the office of the community leader and he provided us with some information about the village and the health center. Barbullush is in Shkodra district. This village is between Shkodra and Lezha (25 km. from each). The health center was rehabilitated by IRC with USAID funds and MC support, and the health center staff was trained by IRC. The health clinic offers 24-hour maternity ward services. The physician, who attended the meeting, said that the community knows everything about the project that was implemented in their community. This is not unusual, because MC had a community meeting each month with IRC staff. The physician thought of inviting more women in the up-coming meetings because they have been more aware of the maternity ward.

The community leader said that 10 community members have volunteered at the health clinic, cleaning the land in front of the health center, making benches and planting flowers and grass.

REPORT VIII

Date:	December 4, 2001	Participants: 10 community members (4 men and 6 women)
Place:	Shkoder / Barbullush	Zef Hila –community leader Bardh Nika – head of community council Vitore Nikolli- civil office worker Lumturi Cofka – teacher of chemistry and biology Rexhina Sima – teacher Lindita Skuka – teacher of history and geography Fatmir Lenkollari – secretary of the community council Pashko Arra – teacher Alma Eli – teacher Hymete Kuradeci – cleaner

Barbullush village is located in the Shkoder district. Barbullush health center was rehabilitated with USAID funds, monitored by MC and implemented by IRC. At the beginning of the meeting, the

community leader introduced MC staff. The moderator opened the discussion asking the participants about the health program that was implemented during the past year.

One of the teachers said that she was very satisfied with the health centers' services. A mother of two, she had gone to the Bushat maternity ward to deliver her first child because there were no maternity services in Barbullush. She delivered her second child at the rehabilitated center in Barbullush it was now well equipped. Another women seconded that sentiment, stating that the conditions in the center were better and cleaner, and the maternity services were now offered 24-hours. The health center staff was working within shifts and offering services in the evenings, and the ambulance vehicle comes when needed. She added that the problem for them was that there is no laboratory. People have to go to Shkodra hospital if analysis is needed.

The biology teacher related that one of her family members had had an accident. At the time of the accident, there was no surgical treatment in the health center; now the conditions now are totally different. Also, the immunization and the patient files are now in order. All the participants agreed that immunizations for children are very well done.

Another teacher said that the lack of dental services in the health facility is a big problem to them. There is one private dentist in the village, but he cannot cover all the cases. She added: "The children between 7 and 14 years old have 30% of their teeth damaged. A dentist room in the school is very necessary. I know that is the government responsibility, but I hope that NGOs can help us, too." The community leader explained that when the school in the village was rehabilitated, a room was provided to serve as a dentist room but there was no equipment. He informed us about a law in Albania that states that all children from 7 to 15 years old should be provided with dental services at school. If any NGO can donate dental equipment, the community can put it in the school inventory and make proper use of the dental room.

The teachers said that midwives are consulting the women, but it would be better if they had a special consultancy room that the women could visit when they have problems. One of the women said: "There is no problem with water, but the real problem is the lack of a heating system. It is cold in the maternity room, and it is a big problem in winter for mothers and babies. A generator would not be a solution for this problem because, most of the time, there is no power." One of the men said that it would be better if the health center had a room for patients who are not too sick but do need an injection or minimal medical care. Another man added that it would be better if they had a social worker, who could deal with family planning issues. There are lots of youth and couples in the area, who are in need for such a service.

When the group was asked what they understood to be good health, one said that it means living within a clean environment, and the presence of a specific place for disposing of garbage. A teacher then added that to stay healthy, one should have the chance for a medical check up twice a year. The biology teacher said that good health meant to have fresh and healthy food. They all agreed that in their community, the major health problems were an unclean environment and low economic levels. They said that in their community, there are a lot of poor families, who have no income except from the land. They wished that the NGOs and the government would find a direct way to reach out to these poor families. One of the teachers added that another problem for health was the proximity of animals as such as cows, sheep and other animals to the houses.

The community leader ended the discussion by saying that voluntary actions from community members was the way for solving problems, such as the garbage problem in the village. He explained

to the participants that he had met with the representatives from the Catholic Church, Mosques and the Director of the School to prepare a general action in all the villages for finding a sanitary way of disposing of garbage.

REPORT IX

Date:	December 13, 2001	Participants: 11 community members (6 men and 5 women)
Place:	Berat/Karkanjoz	Ylli Kaja-teacher
		Dallandyshe
		Rakaj-teacher
		Qazim Murati-Head of the village
		Yzeir Kaha-teacher
		Arjana Dordoveci-teacher
		Brahime Shahu-housewife
		Gezim Shahu-teacher
		Vojza Shahu-teacher
		Enver Lyheshari-teacher
		Fatbardha Shahu-teacher
		Qazim Shkoza-teacher

Karkanjoz village is located in the Berat district. The health center of the Karkanjoz is rehabilitated with USAID funds through MC and implemented by ADRA. Two USAID staff attended this focus group discussion. The objective of this FGD was to get the opinion of the community about the health center rehabilitation, conditions, services, changes, etc. The session started by thanking the community members for their hospitality and their willingness to participate in this activity. MC then introduced the USAID guests and themselves. After the introduction, MC explained the aim of the meeting to the participants. Mr. Douglas Palmer from USAID thanked them again for receiving him and expressed his pleasure for being among the villagers. The participants then introduced themselves. The moderator then opened the discussion by asking them about their opinions regarding the health program that was implemented during the past year.

A teacher said that the health center became a very beautiful place, and it was rehabilitated very well, but perhaps the conditions could still be better, so as to not have to go to Berat for simple test analysis or for any dental problems, etc.

The head of the village said that, together with ADRA, the community had done a very good job and blossomed good results. He had some suggestions, though: “The village is missing a pharmacy and a centrifuge for the lab, because we have a lab technician here, and we can spare ourselves from going to Berat.”

Another participant then added: “It is essential for the maternity to have water and electricity, and they are both a problem here. The dentist doesn’t have the required equipment here, and for the pupils, dental services are necessary.” A teacher said that the health center was very beautiful, but there was no water because there are no pipes for the water supply. They also need an ambulance for sending emergency cases to Berat. A housewife said that she was very pleased with the rehabilitation of the health center, but the health center still needed a janitor, a washing machine and a garden in front it.

When asked about the main health problems in the village, the participants' answers were infectious diseases, thyroids, bronchitis and pneumonia. They confirmed that the biggest health problem is thyroid disease, and they were aware that this is due to the lack of iodine in their diet and the very dry climate in their village. A teacher requested some brochures on thyroid diseases that could explain the proper diet to avoid getting the disease. The water and the sewage system in this village are the main reasons behind the spread of diseases. Another teacher confirmed that the village canal and the water supply are their biggest problem.

All the participants agreed that they go to the health center when they have any health problems and do not go to Berat or anywhere else. A teacher said that there is a doctor attending to medical complaints but that s/he needed to occasionally do some tests for the exact diagnosis. "There are diabetic people in the village and we need a glucometer for measuring blood sugar," one senior participant said. A woman said that there is 24-hour service for the ambulance, but the community lacks a convalescent room for patients to stay at least 24 hours after some treatments or until they have recovered. "In general, the nurses are working hard, and they are doing their best to the patients, but when accidents occur, they have no proper equipment, so people have to rush to Berat District hospital," one participant said.

"The midwives are consulting pregnant women in the health center and sometimes they even go to them at home for follow-up. Almost all the deliveries in the village are done here, except a few special cases that needed to go to Berat," one woman said. Another women added that women and babies cannot stay for a long time in the maternity room after the delivery because of cold weather.

When they were asked what they understand "good health" to be, they answered that they enjoy good health because the air is clean, their diet is fresh and healthy and they care about sports.

The monitor then asked the participants how they think they could solve the problems in the village. The head of the village quickly replied that the community budget allocated for medical services could not cover all the needs, so they needed external help in order to cater to the minimum health needs of the village. The rest of the participants proudly added that the community was ready to give voluntary contributions, if any organization could assist as well.

ANNEX II

Focus group discussions questions

- What do you know about what the health program that was implemented within this year?
- Did you feel it made any difference (change)? How?
- If changes occurred, were they according to your expectations?
- Were you consulted or informed about what is happening during the implementation of the program?
- Do you ever visit the health center if you (or one of your family members) are sick? Do you see a need to visit the health center if you are not sick (especially pregnant women and children)?
- How many times did you (or your nuclear family i.e. spouse and children) get in contact with the local health staff during the last year?
- What does “good health” mean (for children, women and men)?
- Are there any obstacles (problems) in your community that prevent people’s good health?
- Do you like to see any changes in the way health services are provided now? What are these changes? How can this be achieved? What should the government offer and what should the role of the people be?

ATTACHMENT II

MERCY CORPS/AMERICAN ORT **USAID SOCIAL SECTOR REHABILITATION PROGRAM - ALBANIA** **(SSRP/A)** **July 2000-September 2001**

Local NGO Grants

With funding from USAID Cooperative Agreement 182-A-00-00-00104-00, Mercy Corps International and American ORT were pleased to implement the Albanian Social Sector Rehabilitation and Support Program's (SSRP/A) Local NGO Grants Program. The fund was created due to the war in Kosovo and the subsequent hospitality shown to the Kosovar refugees by the Albanian population. USAID designed the SSRP/A program to support local communities directly affected by the influx of refugees. Based on a review of where refugees were located, the overall program was intended to benefit all areas of Albania.

USAID strategic objective 4.1 "*Albanian Refugee Community Relief Program*" was achieved through the following closely inter-linked objectives: (a) to improve the infrastructure resources and quality of health and education facilities: (b) to strengthen community involvement and capacity through participation and leadership development: (c) to improve the quality of services of the targeted health and education facilities. Nineteen grants were issued to Albanian NGO's between October 2000 and January 2001, supporting health, education, and social service sectors. A total of \$468,078 in grant funding was issued for projects of six-month duration, with an average funding of \$30,000 each.

Using the modules and trainers previously created and trained under the ORT/USAID Democracy Network Program in Albania, grantees were provided in depth training, and follow up technical assistance in capacity building to ensure sustainability once project funding ended. Training was provided to grantees in the following areas:

- Financial Management / Fund Raising
- USAID Compliance and Procurement Procedures
- Media and Public Relations
- Proposal Writing
- Program Development/ Needs Assessment
- Report Writing / Internal Monitoring and Evaluation

The following are highlights of each of the 19 Local NGO Grants supported under the USAID Social Sector Rehabilitation Program in Albania (SSRP/A).

Action Plus-Stop AIDS

Contact Name: Ketil Bazhdari-President
Erton Kashta
Telephone: 038 22 76 941(Erton Kashta)
Address: Lagja Perlat Rexhepi, Rruga Luigj Gurakuqi, #33, Shkoder
Project Duration: January 7, 2001 – July 7, 2001
Project Location: Shkodra
Grant Amount: \$15,454

Project Description

Grant provided funding for the creation of a youth social center at the Jordan Misja High School in Shkodra. Funding consisted in the rehabilitation of a section of the high school to house a youth center. Additionally, the grant funded several training sessions, open discussions and exhibitions that increased the knowledge of youth about HIV, drugs, alcohol abuse and sexually transmitted diseases. Action Plus Stop AIDS supported the high school with contemporary educational materials to increase the teaching skills of the teachers and knowledge of the students in the above-mentioned areas

History of Action Plus-Stop AIDS:

Action Plus-Stop AIDS was registered with the District Court of Shkodra in October 2000. Action Plus-Stop AIDS' headquarters are in Shkodra with a mission to raise public awareness about HIV, health protection and individual rights of the youth. Action Plus-Stop AIDS has a membership of 130 members. They have previously implemented the project "The Youth for Youth in Southeastern Partnership" as part of the SEE Youth Program funded by the SOROS Foundation. Additionally, the project "Beach 2000" was funded by UNOPS in 2000.

AKS Association

Contact Name: Haxhi Balliu-President
Address: Librazhd
Tel/Fax: 0552 3994
Project Duration: November 22, 2000 – July 22, 2001 **Project Location:** Village of Mirake,
District of Librazhd
Grant Amount: \$24,635
Project Description

Funding was provided to construct a water pipe bringing water into the school, as well as the entire village, as none was previously in existence. Two public taps supply water to the village consisting of 30 families and the school with 216 students. In addition, funding supported the rehabilitation of the only existing school within the village of Mirake, located in the district of Librazhd. A health center was created in the school providing access to primary health and dental care for students of the school and the community in general.

History of AKS Association

AKS Association is a non-governmental, non-profit, non-religious association, registered with the District Court of Librazhd on March 18, 1998. AKS is headquartered in Librazhd with a mission to develop cultural and sport activities, as well as identify and encourage talented individuals. AKS has branches in Tirana and Elbasan with a membership of 168 members. AKS has implemented two other projects funded by the Regional Environmental Center in Tirana and the SOROS Foundation. Past projects addressed environmental and illegal trafficking issues.

Albanian Disabilities Rights Foundation (ADRF)

Contact name: Blerta Cani- Executive Director
Telephone: (04) 340434, 038 202 4916
Address: Rruga Labinoti
Pallatet e Fratarit
E-mail address: adrf@icc.al.eu.org **Website:** www.adrf.org.al
Project Duration: November 13, 2000 – May 13, 2001
Project Location: Tirana
Grant Amount: \$28,079

Project Description

ADRF facilitated the mobility of people with disabilities through the assessment, production, and distribution of wheelchairs, crutches, and accessories for the disabled. Information and training in independent living skills were provided. A rehabilitation camp contributed to the number of wheelchair and crutch users who were trained in independent living skills. Training enabled participants to make the best and most efficient use of their mobility, which in turn will enable disabled persons to fully integrate into society allowing for more opportunities available in education, employment, and society. Advocacy groups developed initiatives on legislation supporting the rights of the disabled. Additionally, the project aimed to create a positive image in society about disabled persons and their ability to contribute to society as equals.

History of ADRF

ADRF was registered with the District Court of Tirana on October 18, 1996. ADRF's mission is to promote the social rights of disabled people through raising public awareness on disability issues and providing information and services to disabled individuals and their organizations. ADRF works extensively with other disability NGOs assisting them in the development of advocacy skills through training, information, and service delivery. ADRF works closely with the disabilities group, Special Interest Group Network (SIGN), which is composed of twenty Albanian disability sector NGOs. ADRF has successfully implemented previous projects funded by OXFAM/England, EU Phare Program and the ORT Democracy Network Program.

Albanian Disabilities Rights Foundation (ADRF)

Contact name: Blerta Cani – Executive Director
Project Duration: Feb.15 – Aug.15, 2001
Project Location: Tirana
Grant Amount: \$21,384

Project Description

ADRF implemented a model project providing disabled access in two schools in Tirana. The two schools (one eight year and one high school) were chosen for this model project as they both currently have disabled students in attendance. Additionally, funding provided support to implement a TOT training to teachers in the target schools, as well as three other schools in Tirana. TOT training was focused on the needs of disabled persons, as well as modules to be used in creating an atmosphere of acceptance of disabled persons in society. Trainers in turn provided training to students in each of the targeted schools. These schools were intended to be role models for other schools to follow. Informational campaigns were conducted within the targeted schools, focusing on bringing about awareness to students and parents of disability issues. TV and radio programs highlighted the work and efforts done within the schools, with an intention to de-stigmatize disabled persons, and raise awareness of disabled people's ability to be equal members of society. An advocacy group within ADRF continued its efforts to urge the government to implement and enforce legislation on accessibility for disabled students in educational institutions.

Albanian Family Planning Association (AFPA)

Contact Name: Valentina Leskaj – Executive Director
Tel/Fax: (04) 224269, 251475
Address: Rruga e Kavajes, P.3, Shk.6, Ap.24, Tirane
E-mail address: afpa@albaniaonline.net
Project Duration: February 15 – August 15, 2001
Project Location: Vlora
Grant Amount: \$30,745

Project Description

Grant provided funding to train doctors in AFPA's Vlora center in Colposcopy procedures to recognize or exclude the presence of pre-cancerous conditions, as well as training in Cervical Smear (Pap Smear testing). Additionally, funding consisted of creating a TOT program, which in turn provided training in updated reproductive health care to 80 health care providers in four communes within the district of Vlora. A community awareness campaign was conducted in Vlora to expand the knowledge of citizens about reproductive health issues and health services offered by the center in Vlora.

History of Albanian Family Planning Association (AFPA)

AFPA was registered in the Districts courts of Tirana in January 1993. AFPA is headquartered in Tirana and has branches in the districts of Durres, Lezha, Shkoder, Elbasan, Fier, Vlora, Gjirokastra, Berat, Pogradec, Librazhd, Permet and Kukes. AFPA has established five family planning centers throughout Albania. AFPA has implemented previous projects with funding provided by IPPF, NOVIB, SOROS, EU-Phare Lien, PPFA, USAID, GVC, ORT, UNICEF, UNFPA, UNDP, and DIFID. AFPA is a member of various network organizations such as International Planned Parenthood Federation (IPPF), Central and Eastern European Women's Network for Reproductive Health and Rights (ASTRA), Albanian NGO Forum, and the Women's National Council of Albania.

The Council of Associations Offering Social Services-Durres

Contact name: Bajana Cevoli
Telephone: 052 24962
Address: Lagja 3, Rruga Skenderbej, Shkolla Jan Kukuzeli, Durres
Project Duration: October 24, 2000 – April 24, 2001
Project Location: Durres
Grant Amount: \$29,824

Project Description
Project aimed to raise awareness to youth about various social problems; decrease the number of high school drop outs in target area; provide high school drop outs professional education skills; increase self confidence of target beneficiaries through the creation of various activities; provide counseling services to high risk youth with social problems; and rehabilitation of the existing gymnasium in the target high school.

History of The Council of Associations offering Social Services -Durres

Association is a non-governmental, non-profit, non-religious organization, registered with the District Court of Durres on December 11, 1998. CASS-D's headquarters are in Durres, Albania with a mission to organize activities through non-governmental organizations that provide social services to target groups, as well as to encourage their efforts to achieve the objectives of each organization. The association has no branches and is an umbrella organization consisting of 13 NGOs with 840 members. The association is a member of the Albanian Youth Council and has previously implemented three other projects funded by UNDP, SNV and IRC.

Dairy Entrepreneurs National Association (DENA)

Contact Name: Irma Konomi-Executive Director
Telephone: (04) 240646 / 7
Address: Rruga Gjin Bue Shpata, P. I Aviacionit, Hyrja 7, Aneksi Vile, Tirane
E-mail address: dena@lol.tirana.al
Project Duration: November 6, 2000 – July 31, 2001
Project Location: Tirana
Grant Amount: \$30,196

Project Description
Funding provided for the construction of a dairy laboratory/pilot center at the technical high school in Tirana. The laboratory/pilot center has enabled students of the technical high school, as well as students from the Agricultural University in Tirana, to apply the theoretical and technical knowledge gained to become qualified workers in the dairy industry. Additionally, milk processors and DENA members are provided access to the laboratory, enabling them to receive updated technical information via training courses organized by DENA. The laboratory enables the school to teach future dairy industry workers and technicians, modern hygiene, and sanitation procedures in milk production and testing, resulting in an improved quality of milk products available to consumers and the community.

History of DENA

DENA was registered with the District Court of Tirana in February 1997. DENA's headquarters are in Tirana, Albania with a mission to develop and strengthen small business dairy producers through; implementation of standards and contemporary technologies; training and technical assistance; support promotion programs for the development of private businesses in the dairy sector; and cooperation with other organizations and institutions in the dairy sector. DENA has six regional branches with a membership of 50 members. DENA is a member of IPEX and CASH. DENA has been supported by Land O' Lakes and has implemented 2 other projects funded by ORT and IREX.

Education Development

Contact Name: Stavri Llambiri-Director
Telephone: 052 22431

E-mail Address: llambiri@albmail.com
Project Duration: April 11 – August 11, 2001
Project Location: Baldushk
Grant Amount: \$31,620

Project Description

The project realized improvements in the quality of education services in the commune of Baldushk through strong collaboration between schools, local government, the community, and the NGO. The commune of Baldushk is located in the district of Tirana and has one secondary school with 400 pupils, as well as three elementary schools with over 600 pupils. The short-term benefit of the project was the improved quality of educational services and facilities within the community. Funding provided for didactic equipment and computers, as well as training to teachers in updated teaching methods, training to school directors and administrators in school management. Minor rehabilitation in two of the schools was provided. Hydro-isolation of the roof in one of the schools was conducted to repair water leakage, as well as prevent the school from further water damage. In another school, a surrounding gate was provided, as well as improvements to the school yard. The community worked together to identify needs and develop an informational brochure about the commune of Baldushk.. The brochure will be used as a promotional piece to attract future donors. The project was intended to make a long-term impact through emphasizing strong community involvement in identifying priority needs, as well as active community participation in implementing projects. It is anticipated that Baldushk will become a role model for other communities to follow throughout Albania.

History of Education Development

Education Development was registered with the District Court of Tirana in June 2000. Its headquarters are in Tirana, Albania with a mission to promote and contribute to educational development in Albania, as well as to raise awareness to the government, communities, and the NGO sector on their role in providing and contributing to modern education. Education Development has no branches or members. Education Development has previously implemented two other projects funded by The Civil Society Foundation and UNICEF.

European Children's Trust-Shkodra (ECT)

Contact Name: Filip Vila-Director of ECT Shkoder
Telephone: 0224 1727
Address: Lagja Vasil Shanto, Rruga Ndre Mjeda, #13,Shkoder
E-mail address: fvscutariect@albmail.com
Project Duration: November 3, 2000 – May 3, 2001
Project Location: Shkodra and six surrounding communes
Grant Amount: \$26,576

Project Description

The grant provided funding for the refurbishment of a health and social education center in Shkodra and six satellite centers within the district. The Primary Health Care Directorate in the Shkodra district provided the space for the establishment of the health and social education center in Shkodra. ECT, as a cost match, provided funding to rehabilitate the main center in Shkodra. In addition, the grant funding supported a trainer-of-trainers module that consisted of training a core group of six personnel from the main health education center in Shkodra. They in turn trained the staff in the six satellite primary health care centers. Training consisted of updated information in early childhood development, maternal health, nutrition/diet, sexually transmitted diseases, community outreach skills, and information technology for the production of health informational materials.

History of ECT

ECT is a non-governmental organization registered with the District Court of Tirana on December 29, 1998. ECT's headquarters are in Tirana, with a branch office in Shkodra. ECT's mission is to promote children's rights and needs through the establishment of schools, orphanages and hospitals. ECT implemented two emergency programs in response to the Kosovo refugees crisis in Tirana and Shkodra. The Tirana office, in collaboration with the Ministry of Labor and Social Services, has developed a Foster Care Project. Additionally, ECT, in collaboration with the Tirana Municipality, is in the process of developing a Family Center in Tirana. ECT Shkodra, in collaboration with the Shkodra Municipality, has trained 13 social administrators in basic social workers skills in support of an upcoming Family

Support Project. ECT Shkodra, in collaboration with the Shkodra Prefecture, is in the process of establishing a steering committee, which will coordinate and prioritize the needs of the local community.

Fountain House Albania

Contact Name: Ariana Gazheli - Director
Telephone: (04) 360-851 Fax: (04) 340-102
Address: Rr. Dervish Hekali Nr.73 Tirana
Project Duration: February 1 – August 20, 2001
Project Location: Tirana
Grant Amount: \$30,000

Project Description

Funding supported an existing mental health and day care center in Tirana. The program was created in 1998 to provide training in social rehabilitation, re-integration, and independent living skills for people with mental illnesses. Under the SSRP/A funding, the NGO provided support to the University Hospital "Mother Theresa" Psychiatric Ward, providing bi-weekly transportation, day care and training in independent living skills to long-term mental health patients within the hospital. Prior to the support of Fountain House, the hospital provided medication as its only form of treatment to the patients. The project supported over 100 persons with mental illness, as well as over 400 family members. 30 volunteer mental health care professionals and students from the faculty of Social Sciences benefited through multidisciplinary group training in interviewing skills, diagnosis, and assessment of mental health patients, as well as family assessments, home visits and community linkages.

History of Fountain House Albania

Fountain House Albania was founded in May 1998 with a mission and aim to rehabilitate patients with mental health problems through a special program of training in social rehabilitation and integration. The program has been previously supported, and continues to be partially supported, by European House in Denmark, as well as the Soros Foundation.

Help the Life

Contact name: Aferdita Seiti-Director
Telephone: (04) 361607
Email Address: ndihmonijeten@interalb.com
Project Duration: December 1, 2000 – August 1, 2001
Project Location: Tirana
Grant Amount: \$23,254

Project Description

Grant funded a day center for 15 disabled children for a period of six months. Help the Life conducted an assessment regarding the economic and social conditions of 36 disabled children and their families whom live in the Administrative Unit nr.3 in Tirana. As part of the assessment, Help the Life created a complete database with individual files on 91 disabled children living in the area. In addition, the NGO provided information and training to parents of disabled children with an aim to increase the children's independent living skills. Help the Life created a committee of parents with disabled children in order to increase the inclusion of disabled children into society, as well as to raise public awareness about the needs and rights of disabled children.

History of Help The Life

Help the Life is a non-governmental organization with the District Court of Tirana in September 1998. Help the Life's mission is to protect the human rights of physically and mentally handicapped children and their families. Help the Life has a membership of 186 members. In April 1999, Help the Life conducted a study on the social and economic conditions of disabled children above the age of 12 who live in the Administrative Unit nr.3 in Tirana. As a result of the study, Help the Life organized several training sessions and meetings with the families of these children. During the Kosovo crisis, Help the Life provided training and counseling to disabled and traumatized refugees. In August 1999, Help the Life implemented the project "Family Day Center for Integration and Development" funded by UNOPS. The SOROS Foundation and UNICEF funded the center until November 2000.

Intellectual Women of Puka

Contact name: Lezina Mjekaj- Director

Telephone: 0252 2416
Email Address: djaloshid@hotmail.com
Project Duration: November 9, 2000 – May 9, 2001
Project Location: Puka and surrounding communes
Grant Amount: \$5990

Project Description

Project was a continuation of a program previously funded under ORT providing a “women’s space”, which includes a library, job placement center and a pizza restaurant. Additionally, the project focused its activities in the areas of improvement of health services in six rural areas, as well as the improvement of education delivery in three rural areas. A health program consisted of providing training in six rural areas to health providers, new mothers, and mothers with more than four children. Main topics presented were family planning, mother/child care, sexually transmitted diseases, care for newborn infants, first aid and pre/post pregnancy care. The rural areas targeted were: Iballe, Fierza, Qelez, Qerret, Gjegjan and Qafa Mali. A education program focused on training teachers and the education directorate staff in the three target areas of Gjegjan, Iballe, and Lufi. 150 teachers in the target areas were trained in critical thinking, conflict resolution, up to date teaching methods, psychological aspects of child development between 6-18 years of age, environmental protection, and how to protect children from drugs and prostitution.

History of Intellectual Women of Puka

The NGO was registered with the District Court of Puka in May 1997. The mission is to educate, support and protect the rights and opportunities of women, as well as support the development of professional skills and the involvement of women as participants in the labor market and active involvement on a national level supporting women's issues. Intellectual Women of Puka has branches in Fushe-Arrez, Kukes, Has and Tropoja, with a membership of 168 members. Nine other projects have been previously implemented through the support of ORT, UNDP, FSHSHC, SOROS and CAFOD

INTERNATIONAL HUMANITARIAN ASSISTANCE (IHA)

Contact name: Ani Muco-Project Coordinator
Telephone: (04) 250537
Email Address: iha2000@mailcity.com
Project Duration: October 25, 2000 – April 25, 2001
Project Location: Districts of Kruja and Elbasan
Grant Amount: \$27,239

Project Description
Project aimed to improve access to reproductive health through the formation and training of 26 sustainable Community Health Committees (CHC), each comprising of 15 members, in the districts of Kruja and Elbasan. 21 CHC groups were created in the District of Elbasan, consisting of 324 trained CHC members. 5 CHC groups were created in the District of Kruja consisting of 76 trained CHC members. Training was provided in family planning and sexually transmitted diseases. Trained CHC members in turn, distributed information and advice to community members, as well as acted as liaisons with health care professionals in each community to ensure information and services are being delivered to the community. The impact of this project was a noted increase in the number of community members requesting contraceptives from pharmacies in the targeted areas, as well as an increase in the number of community members requesting family planning and STD information and services from primary health care facilities in the targeted areas.

History of International Humanitarian Assistance (IHA)

International Humanitarian Assistance is a non-governmental organization registered with the District Court of Tirana in January 2000. IHA's headquarters are in Tirana with a branch in Durres. IHA's mission is to execute projects in different areas of humanitarian need (health, education, accommodations, building rehabilitation, hygiene, etc.) as well as to develop preventive programs in health, reconstruction and hygiene, education and culture. IHA has a membership of 67 volunteer members. IHA is a member of the Albanian Youth Council and has previously implemented four other projects funded by Quadrifoglio, The British Embassy, and USAID/World Learning.

National Albanian Center For Social Studies (NACSS)

Contact Name: Mirela Muca-Executive Director
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Fax: (04) 229905
E-mail address: mucam@altavista.com
Project Duration: January 17 – July 17, 2001

Project Location: Elbasan **Grant Amount:** \$14,032

Project Description

In partnership with the municipality of Elbasan and the Mayors office, the grant funded NACSS to rehabilitate and furnish a Social Services Information Center within the town hall in Elbasan. The Soros Foundation funded the training of the Centers staff, as well as provided funds to purchase equipment such as computers, printers, and a photocopier for the Center. The role of the Center is to deliver information and social services under the Department of Social Assistance, helping poor and unemployed persons in Elbasan obtain social welfare benefits. The center not only provides information on social service benefits but offers information about other programs in social assistance that would be helpful to the community. Additionally, the Center provides information for unemployed persons on job availability and vocational skills training. The center acts as a coordination unit, distributing information to the public about Social Service NGOs operating in Elbasan.

History of NACSS

The National Albanian Center for Social Studies is a non-governmental association registered with District Court of Tirana in August 1998. NACSS's headquarters are in Tirana, with branches in Shkodra, Elbasan, Durres, Lezhe, Korce, Vlora, Fier, Gjirokastra and Peshkopi with 25 members. NACSS operates with a mission to promote the development of social safety nets in Albania. NACSS was created as an initiative by a group of Albanian social policy experts aimed at improving the social research and social services systems in Albania by implementing projects that encourage local, regional and national social development. NACSS has previously implemented ten other projects funded by UNICEF, Soros Foundation, SNV and the World Bank.

Prophylaxis for Every Body **Contact Name:** Vigjilenca Demiraj- President

Telephone: 038 21 20 084

Project Duration: November 22, 2000 – July 22, 2001

Project Location: Tirana **Grant Amount:** \$36,615

Project Description

Project provided funding to rehabilitate Kindergarten #25 in Tirana, creating a healthy environment for children attending the kindergarten. The kindergarten has an attendance of 155 children, broken into five groups. One of the groups consists of children with disabilities. Improvements made aimed to prevent infections and parasite diseases that were currently prevalent due to unsanitary conditions, as well as lower the rate of infectious diseases and lung diseases caused by interior dampness within the kindergarten. The community was actively involved in the project and worked together to create a yard surrounding the school, installing a protective gate, purchasing carpet, toys and didactic materials, as well as providing a guard to protect the school. The community conducted fund raising activities to ensure maintenance of the school after the project was completed.

History of Prophylaxis For Everybody

Prophylaxis for Everybody was registered with the District Court of Tirana in July 2000 with a mission to sensitize and intervene in areas to prevent diseases through cooperation and active involvement of the community. Prophylaxis for Everybody has branches in Durres, Shijak, Elbasan, Berat and Korca, with a membership of 360 members. This was the first project they have implemented and managed.

Regional Development Agency (RDA) Fier

Contact name: Dhimitraq Marko-Executive Director

Tel/Fax: 064 24537

Email Address: marko@albmail.com

Project Duration: November 22, 2000 – May 22, 2001

Project Location: Village of Zhupan, District of Fier

Grant Amount: \$25,584 **Project Description**

Project rehabilitated the elementary school in Zhupan, which is located 5 km from Fier. The school accommodates 410 pupils from five surrounding villages. The school was also provided with bathroom facilities, as well as running water, as none existed due to damaged pipes. The project aimed to not only rehabilitate the school but provide a good example to the community on active community mobilization and participation in community improvements. Students were actively involved in the project, which instilled a sense of ownership in the school. In turn, their involvement deterred students from vandalizing the school. The community was involved in providing a portion of the costs for the project, as well as supplying some of the labor to create a sense of inclusion in creating a better environment for their children to learn. The NGO created a transparent process by including the community in

identifying and implementing the project, which in turn has encouraged them to initiate other community mobilization projects in the future.

History of RDA Fier

RDA Fier was registered with the District Court of Fier in January 2000. RDA Fier's mission is to support start up activities of small and medium enterprises, as well as support development in the region increasing local capacity via coordination with local and central government agencies and other relevant participants in the region. RDA Fier is a member of The Regional Development Agency Network in Albania.

Women and Progress

Contact name: Pranvera Keta-Director

Telephone: (04) 229877

Fax: (04) 223966

Project Duration: October 27, 2000 – April 27, 2001 **Project Location:** Tirana

Grant Amount: \$30,000

Project Description

Project funded completion of the rehabilitation of Kindergarten No.18 in Tirana with the community involved as active participants. The second floor and roof were previously rehabilitated by IOM but funds were needed to complete the rehabilitation of the ground floor, enabling it to be re-opened to the public. Women and Progress established a Parents Committee within the kindergartens' Parents Association to raise funds for the construction of a surrounding wall, as well as ensure future maintenance of the kindergarten. The NGO created activities to strengthen civic education and community involvement. The NGO and Parents Committee continue to work together to identify future donors and programs in order to provide the kindergarten with additional facilities and equipment, as well as up to date education methods.

History of Women and Progress:

Women and Progress is a non-governmental association registered with the District Court of Tirana in February 1999. The organization's headquarters are in Tirana. Women and Progress' mission is to increase the participation of women in work, family, and society. Women and Progress has branches in Fier, Durres, Lezhe and Kukes. Women and Progress is an association with 70 members. They have previously implemented five other projects funded by IOM, SNV, UNICEF UNDP and CAFOD.

Women's Association of Librazhd

Contact name: Liri Leka - Director

Tel/Fax: 0552 2581

Address: Keshilli i Rrethit, Librazhd

Project Duration: November 3, 2000 – May 10, 2001

Project Location: Librazhd

Grant Amount: \$7470

Project Description

The Grant funded construction costs for the creation of a foreign language laboratory in "Genc Leka" middle school & elementary school in Librazhd. Caritas-Albania previously donated the laboratory equipment to the school, however, they had never been able to use the equipment due to the lack of physical conditions within the school. The foreign language laboratory now serves 550 students within the school, as well as 15 disabled students.

History of Women's Association Of Librazhd

The NGO is a non-governmental association, registered with the District Court of Librazhd in September 1999 with headquarters within the District Council Building in Librazhd. The NGO has a mission is to promote and advocate for women's rights, as well as to increase women's awareness about their role in the society. The NGO has supported the collaboration between the Savings and Credit Association Movement Foundation, and the Italian NGO, CIES, for the development of the Savings and Credit Associations (SCA) among rural women's groups. Three SCA's in the rural area of Librazhd have been created due to this cooperation. Additionally, the NGO was part of a project in the Dragostunje village focusing on the improvement and rehabilitation of roads which was funded by UNDP and UNOPS.

Women, Realities and Vision (WRV)

Contact name: Rajmonda Prifti-Director

Telephone: (04) 352369, 363016

Email Address: modaprifti@albmail.com

Project Duration: November 6, 2000 – May 6, 2001 **Project Location:** Tirane, Kombinat area

Grant Amount: \$ 29,475 **Project Description**

The Grant provided funding to support a community kindergarten serving 45 children on a daily basis in the Kombinat area of Tirana. The targeted area has over 40,000 inhabitants, most of which are unemployed and live below the poverty level. There are over 7000 children in the Kombinat area, of which 3000 are of kindergarten age. 160 of these children are disabled, 90 of which are between 4-10 years of age. There are no specialized schools for disabled children in this area, nor are there any facilities that can provide training to parents with disabled children. Funding of this project supported the education of 45 children through qualified training sessions (four classes). In addition, the Grant provided training to 70 parents of disabled children in parental care, child nutrition and integration of disabled children into mainstream society. Twenty-five disabled children participated in special needs education three times a week.

History of Women Realities And Vision

WRV was registered in the District Court of Tirana in August 1997 with a mission to promote, protect and raise the awareness of women's rights and their problems. WRV is headquartered in Tirana and has branches in Durres, Shkoder, Elbasan and Vlore with a membership of 400. WRV has implemented several other projects funded by OXFAM, UNDP, CRS, IRC, ORT, Premier Urgence, SNV and UNHCR. In June 1999, WRV created a women's center offering psychosocial services to women in the Kombinat area of Tirana. During the Kosovo crisis, the Center organized recreational activities and distributed aid to over 100 Kosovar children. The Center now functions as a community kindergarten for children living in the area. OXFAM and ORT have previously funded the Center. In October 1999, with funding through IRC, WRV organized an art exhibition of 80 paintings created by Albanian and Kosovar children.